07/84 25M

DHMH - 17

(VR A15 ME (5))

STATE OF MARYLAND

	1-	FOR STATE			DEPARTMENT C				-	TH	3 5	6	1 5	
	1. DEC	REGISTRAR CEASED NAME OR PRINT)	AE FIRST WILLIAN		WIDDLE		LAST				TI-	ONTH DAY		HOUR
	3. SEX		4 RACE	5. DATE OF BIRTH	J.	DLA N YEARS IF UN	ACKWEL	IF UNDER	2 A LIDS	2c. DATE		T DAY	9 85]	d HOUR
7	MAJ		WHITE	SEPT. 21,	1919 66			HOURS		PRONOUNCED DEAD			19 85	5. PM
/		RTHPLACE (STATE OR	76. CITIZEN OF WH.	AT COUNTRY?	8. MARR	IED NE	VER MARK	RIED 🗌	9. BALTIMORE	CITY OR CO	DUNTY OF DI	HTA	2017
>			AROLINA	U.S.		WIDOW	23	DIVOR	CED 🔲	ST. M	IARY'S			MD
	10. CI	TY OR TOWN	OF DEATH	11 NAME OF HOSP	PITAL, NURSING HO		ER INSTITU	TION		JAL OCCUPATION		ORK 12b. KIN	D OF BUSIN	VESS
1		CHANICS		4040 00	OUNTY OAK	ROAD				VERY SU				ORE_
7	13a S1 MAI	RYLAND	ST. N		MECHANIC	N		NO 🗆	1		NTY OA	K ROAL	206	59_
	14. FA	THER'S NAM		MIDDLE	LAST		15. MOTHE	R'S MAID	ENNAME	MIDDLE			AST	7/3
		WILLIA		J.	BLACKWE			ARY		MARG		McDC	NALD	
	(YE	ES, NO, OR UNKN		WAR OR DATES)	16b. SOCIAL SECU		17. INFORA				DDRESS			
		YES	W.W.		579-18-0	274	DEBR	A BRI	JCE 42	201 S. 3	Sist Si		ingtor	
			EATH WAS CAUSED		for (a), (b), and (c).)	S. S.	Dec ff	Z	Prof	201	ard.	. BETWI	EN ONSET AN	ID DEATH
			IMMEDIAT	DUE TO, OR A	AS A CONSEQUENCE	CE OF	rea n			7	arai	20 10	made	100
			ons, if any, which	(b)						/				
		couse (c) stating the under-	< 1-1	AS A CONSEQUENC	CE OF								
	-	lying co	ose last.	(c)										
	N	PART 2 OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE I	TERMINAL DISEAS	E OR CONDITION	N GIVEN IN PA	ART 1 (a)					
Ani	CERTIFICATION	19e. DATE O	F OPERATION	19b CONDITI	ION FOR WHICH O	PERATION W	AS PERFOR	MED?				20 AL	JTOPSY?	
A	IFIC				_							Y	es 🗆 N	NO.
		216 EXTERN	AL CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY Y	EAR 21c H	OW INJURY	OCCURR	ED (ENTER)	NATURE OF INJURY I	NITEM 18 PART 1	OR PART 2)		
7	MEDICAL	CONTRIBUT	ING CAUSE OF		19									
	MED	21d. INJURY WHILE		21e PLACE O STREET, FACTO	OF INJURY (AT HOME DRY, FARM, ETC.)		CATION			CITY OR TOWN		COUNTY		STATE
		AT WORK	NOT WHILE C	,										
		220 I cert	ify that I took charg	e of the remains descr	ribed above, held o	n Autop	sy 🔲,	Inspection	on Ø.	Inquiry	, ond in r	ny apinion		
	10	death resul	ted from: Natur	ol couses	Accident	Suicide	, Homic		Undet	ermined manne				
		ACTUAL		1	(Nh		TITLE (SI	PECIFY	20		D	ATE /2	1,10	-
	2	SIGNATURE			Au		.D. []- []-	7	MED	ICAL EXAMINE	R S	IGNED	-	-
		EXAMINER'S (TYPE OR PR		11d (-	Allen		ADDRESS_	BCK	60	1 Lea	narely	own 1	19206	50
	150	PEC IFY)	ATION, REMOVAL 2		23c NAME OF	CEMETERY O	RCREMATO	ORY	23d. LO	OCATION OR TOWN		COUNTY	STATE	
		BURIAL		12-4-85	ARLIN	02011 1	IATION	AL		LINGTON	, ARLI	NGTON,	VIRG	<u>INIA</u>
	24 FU	NERAL DIRE		INERAL HÖM	1500 W	. BRAD	DOCK	750. DE	REC'D. BY	REAL R	Sh R CATRA	SSIGNATU	Marghal	P.
	EVE	INTI-ME	EALLEI FU	MCKAL HUM	c, ALEXAN	DKIA,	VA.		-		0		•	

UEL WIEL Johnson Broken

352119 1- FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENES MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	DEC	ASED NAME	FIRST		MIDDLE	LAST			20 DATE KNOWN	MONTH DAY Y	EAR Zh HOU
i i	(IIIE	DR PRINT;	Michae	el	Dion	Buckle	er		OF ESTI-	12/ 10/	85
n:	sex (a.		Nhite	5. DATE OF BIRTH	YEAR LAST BIRTHD			DER 24 HRS.	2c. DATÉ PRONOUNCED DEAD		TO:5
		THPLACE (STATE		Oct.16,	1985 7wee				9 BALTIMORE CITY OF	12/ 10/	85 A
9	FORE	IGN COUNTRY)				MARRIED [ARRIED A	_	-	n
ID		ryland		U.S.	A . PITAL, NURSING HOM	WIDOWED E		ORCED 11511	St. Mary		OF BUSINESS
				(IF NOT IN SUCH FAI	CILITY, GIVE STREET ADDRESS)		3111011011		NOST OF WORKING LIFE)		DUSTRY
US	SUAL	Leonard	N NURSING HOME O	St. Mar	y's Hospit	al					-
130	. ST		13b. COUNT		Avenue	13d II	NSIDE CITY LIMI		O.Box 42	200	7
14	. FAT	HER'S NAME		MIDDLE	LAST	15. M	OTHER'S M	AIDEN NAME	MIDDLE	LAST	
1		Troy	Π	Dion	Buckler		I	Anna	Marie	Tryl	ous
16	a. W.	AS DECEASED E	VER IN U.S. ARA	AED FORCES?	166. SOCIAL SECURIT	Y NO. 17. IN	FORMANT		ADDRESS		
		no	(An	na Ma	arie T	rybus	Same	
		gave rise cause (a) sta lying cause	if ony, which to immediate sting the <u>under-</u> ost.	(b) DUE TO, OR (c)	SUDDEN AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TERM	OF OF					
1	FICAT	19a DATE OF OF	PERATION	19b. CONDIT	ION FOR WHICH OPER	RATION WAS PE	RFORMED?			20 AUTO	
3	EDICALC	INDERLYING CONTRIBUTING INDICATE OF THE CONTRIBUTION OF THE CONTRI	OR CAUSE OF DURRED	P.M.	MONTH DAY YEAR	216 HOW IN		JRRED (ENTERN	TATURE OF INJURY IN ITEM 18 PA		NO STATE
3		220. I certify to death resulted to ACTUAL LIGHATURE EXAMINER'S NATUPE OR PRINT)	hat I took charg from: Natur	Gregory R	. Kauffman,	M.D. ADDR	Homicide TILE (SPECIF)	n ent medi	CALEXAMINER Penn St.	DATE SIGNED 12/	
				ec.12,1	985 Charle	s Memor			CATION L'Eonardtow		siniMd.
	I. FUI	VERAL DIRECTO	R		Leonardt		25a. D.	ATE REC'D. BY	REGISTRAR 25h REGIS		

	1 DE	CEASED NIAME	FIRST		MIDDLE		1467		REG.			
-10					Model		LASI		OF ESTI-	MONTH	DAY YEAR	2b. HOUR
SE S	-				L.				DEATH MATED	⁻ 12-14	19 85	M
当日三古民	3. SEX	4	RACE						?c. DATE	MONTH	DAY YEAR	24 HOUR
N 2 2 CR	MA	TE M	HITE			1 11101	THS DAYS HO	DURS MIN.	DEAD	12-14	10 85	1:20 a. M
SIN SING			OR		HAT COUNTRY	2 10	DIED STAIRVED	44 A D D IF D	9. BALTIMORE CITY	OR COUNTY	OF DEATH	100
SHOE EX				11	SA			-	St. Mary	's Cour	tv.	
Z S S S S			DEATH									SINESS
A FOREST	T	eonardto	(471)							ITCTAN	OR INDUSTR	RY
2 3 3 6	USUA	L RESIDENCE (IF	N NURSING HOME C	R OTHER INSTITUTION, C	GIVE RESIDENCE BEFO	RE ADMISSION)	1			ICIAIVI		
A FEBR										DDTVE	20	657
NEWN	14. FA	THER'S NAME	1 01.		THINTING	TON TIC.	-		F	DKIVE		055
ATH SERVICE		TESSE		MIDDLE TEE	CTIMMITA	ICC	EIRST		MIDDLE			
S S S S S S S S S S S S S S S S S S S	-								ADDRE			((7
展売の残ら	(YE	S, NO, OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)								
OURS AL							IBYRON	L. CUMM	INGS, PARK	HALL,		
		PART I DEAT	EATH (Enter on H WAS CAUSE	N DV							BETWEEN ONSET	AND DEATH
AL SERVE	7	017		E CAUSE (o)			es					
WITHIN 24 NCIL IN ITI INER ALC RANSIT PR ITAL HYGI		812	7	DUE TO, O	R AS A CONSEG	UENCE OF				4		
				(b)								
WAR WELL				DUE TO, OI	R AS A CONSEG	UENCE OF						
EXECUTEI NG" IN I CAL EXA BURIAL H AND M WATION,		379 55555		(c)			100	1-37				
		PART 2 DINER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEAT	N BUT NOT RELATED T	D THE TERMINAL DISEA	SE OR CONDITION GIV	EN IN PART 1 a				
BE B	O	100										
SHI SHI	Y	19a. DATE OF OF	PERATION	196 COND	ITION FOR WHI	CH OPERATION Y	WAS PERFORMED	0?			20 AUTOPSY?	
方名主 ラウェ/	Ĭ									50	YES 💢	NO 🗌
PAR BENE	E .					21c. h	OW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
510952		UNDERLYING CONTRIBUTING	X OR CAUSE OF E	DEATH 1 1:121	RM 11_1		river in	auto/a	uto impact			
ERTI ING ISH	ğ	714 INTURY OCC	TIPPED	21e PLACE	OF INJURY (A		CATION	0.0.007 0.				
REDE 3	\$	WHILE D	TWORK X	V		D+		th of D				STATE
E, WA								TI OF K	L.4,St. Ma	ry s co	· Mar.	yland
A S S S E S		22a. I certify t	hat I took charg	e of the remains de	// /		psy XX In:	spection .	Inquiry L.	and in my opini	on	
WE BE BE		death resulted	Natur	al causes 🔲,	Accident &X	, Suicide	Homicide	Unde	termined monner	J.		
SE PER SE		ACTUAL A	Oir.	· Who	4	Malli.				DATE	30 34	0.5
AESTE .	10	SIGNATURE	celle	eco /	priess	Mich	ASS1S	tant_ME	DICAL EXAMINER	SIGNED.	12-14	-85
NE S A S S A S S A S S A S S A S A S A S	1	EXAMINER'S NA	MF -									0.7
S S S S S S S S S S S S S S S S S S S		(TYPE OR PRINT)	Den	nis F. Sr	myth, M.	D.	_ADDRESS			to., Mo	. 212	01
592549	(5	PECIFY)			23c. NAM	E OF CEMETERY	OR CREMATORY	23d L	OCATION Y OR TOWN	COUNTY	STA	ATE
BP	4	BURIAL		12/20/85	CRIT	TENDEN M		PK. MA	RION, CRIT			SAS
DHMH - 17				ADDRES	s			DATE REC'D. B				
(VR A15 ME (5))	ED	WARD N.	BRINSFI.	ELD, JR.,	LEONAR	DTOWN, M	D.	EG 23	1985 gisha	han/4001/	Moderate	4
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENVEY PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINED TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL - TRAFFE DEATH, WITH THE STATE DE ARTHENT OF HEALTH AND MENTAL BALTIMORE, MARYLAND 21201 PLOST TO BURIAL, CREMATION, OR	TO MEDICAL EXAMINER: THIS CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 11EM 18. GEVE DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 11EM 18. GEVE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR THE STORY YOUR FILES. TO FUNDERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT PAGES. AFTER DEATH, WITH THE STREEP RESTON STREET. BALTIMORE, MARYLAND 71201 PF OR TO BURIAL-TRANSIT PROBLEM. AMEDICAL CERTIFICATION AMEDICAL CERTIFICATION AMEDICAL CERTIFICATION ASSUMED ASSUMED ASSUMED AMEDICAL CERTIFICATION ASSUMED ASSUM	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. TO PLAKE A SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. TO PLAKE A SHOULD BE DOWN AND SHOULD BE USEN BEING THE WITHING THE WORD. "PENDING" IN PENDING THE WITHING THE WORD. "PENDING" IN PENDING THE WITHING THE WORD "PENDING" IN PENDING THE WITHING THE WORD "PENDING" IN PENDING THE WITHING THE WORD THE WITHING THE WORD THE WOR	Jesse Jesse Jesse Jesse A RACE WHITE J. RECTELLORE J. RECTELORE J. RECTELOR J.	Jesse Je	Jesse L. Jesse Jesse L. Jesse L.	Jesse I. 3. SEX 4 RACE S. DATE OF BIRTH YEAR GASTINGTON PARTY S. BIRTHPLACE (STATE OR BY THE ACTION) AND ST. MALE WHITE JAN. 19, 1928 57 VRS. WALE WHITE JAN. 19, 1928 57 VRS. WHO OF STATE OF BIRTHPLACE (STATE OR FORESTON COUNTRY) ARRANGSAS U.S.A. ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER RESTUTUTION, ONE STREET ADDRESS. II. STATE ST	Jesse L. Cummings Jesse L. Cumm	Jesse L. Cummings, Jr. Jesse L. Cummings Jr.	Jesse L. Cummings, Jr. Déath Mated Déath (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jesse L. Cummings Jr. Death watter Deat	Jesse L. Cummings, Jr. Open Mark (1988) Jesse L. Sare Sace S. Date of Brith (1988) Jesse L. Sare Sace S. Date of Brith (1988) Jesse L. Sare Sace S. Date of Brith (1988) Jesse L. Sare Sace S. Date of Brith (1988) Jesse L. Sare Sace S. Date of Brith (1988) Jesse L. Sare Sace S. Date of Brith (1988) Jesse L. Sare Sace S. Date of Brith (1988) Jesse L. Sare Sace S. Date of Brith (1988) Jesse L. Sare Sace S. Date of Brith (1988) Jesse L. Sare Sace S. Date of Brith (1988) Jesse L. Sare Sace S. Date of Brith (1988) Jesse L. Sare Sace S. Date of Brith (1988) Jesse L. Sare Sace S. Date of Brith (1988) Jesse L. Sare Sace S. Date of Brith (1988) Jesse L. Sare Sace S. Date of Brith (1988) Jesse L. Sare Sace S. Date of Brith (1988) Jesse L. Sace

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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REG.	NO.			

	REOBINAN										
		E FIRST		WIDDLE		LAST				DAY YEAR	26 HOUR
		Virgi	nia	Τ.	- (Tummings		DEATH MATED [12-	-1419 85	1
3 SEX		4. RACE	5. DATE OF BIRTH	6 AG	E (IN YEARS IF UN	DER 1 YR. IF U	NDER 24 HRS.	2c. DATE	HTMOM	DAY YEAR	Ze HOU
FE	MALE	WHITE			11101111	S DAYS HOU	RS MIN	PRONOUNCED DEAD	12-	-14 10 85	1:20 a. A
		TATE OR	76. CITIZEN OF WE	AT COUNTRY?		ED (X) NEVER .		9 BALTIMORE CITY			1 4.
			IIS	1		-	-	S+ Mary	COUR	1+12	
-								UAL OCCUPATION (TY	PE OF WORK 12	TO KIND OF BL	
	Loopar	3+orm							,	OR INDUST	RY
							INC	KOE. 2 AIDE	<u> </u>		
13a. S	TATE	13b. COUN	TY	13c. CITY OR TO	OWN		ITS? 13e. STE	REET ADDRESS	DDTV	204	7
			ARY'S	LEXING	TON PK.				DRIVE	200	053
	FIRST		MIDDLE	LAST		FIRST		WIDDLE		LAST	
				166 SOCIAL SE	CURITY NO.						0667
	NO			430-34	-5118	BYRON I	L. CUM	IINGS, PARK	HALL,	MARYLA	AND
	18 CAUSE C	F DEATH (Enter onl	y one couse per line	for (o), (b), and (c).}						
7	PARTID	EATH WAS CAUSED	BY:	Multip	le Iniu	cies				BETWEEN ONSE	AND DEATH
	81-	2 /									
	Conditions, if ony, which gove rise to immediate (b)										
			DUE TO, OR	AS A CONSEOU	ENCE OF						
	lying co	use lost.	1 (0)								
	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g)										
Z											
Ĭ	19a. DATE OI	OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION W	AS PERFORMED?)			20 AUTOPSY)
FIC											NO XX
ERTI	21g EXTERN	AL CAUSE WAS	21b. TIME OF	INJURY	121c HC	OW IN JURY OCC	LIRRED JENTER	NATURE OF INJURY IN ITEM 1	R PART L OR PART		NOAA
10	UNDERLYING	XXOR	HOUR XX	MONTH DAY	YEAR						
Š				FM TZ-T	\$ 85 pas	senger	in auto	o/auto impa	act		
MEC				ORY, FARM, ETC.)	5	TREET		CITY OR TOWN			STATE
19	AT WORK	AT WORK	ro	ad	Rt.	5 sout	h of Rt	. 4, St. M	Mary's	Co., M	d.
	220 cert	fy that Ltook charg	e of the remains dep	clibed above, hel	d on Autop	sy . Insp	ection XX	Inquiry , o	and in my opin	ion	
	deoth result	ed from Notur	al couses	Accident XX	Suic de	, Homicide L	Undet	termined monner	,		
	Description of	61/2	1 OF	11 1	7 45						
	SIGNATURE	Weel	les /	men	Millen	Assist	ant Mer	ICAL EXAMINER	DATE	12-14	-85
			01				MEL	TO EXAMINER	SIGNED		
		NAME Deni	nis F. Sm	yth /M.D		ADDRESS 1	ll Penr	St., Balt	Mo	d. 212	01
23o.B	JRIAL, CREMA						123d. LC	OCATION			
(1	PEC IEY)						CITY	ORTOWN	600		ISAS
24 F	JNERAL DIREC	TOR			2065	O 250. D	ATE REC'D. B	REGISTRAR 256 REC	SISTRAR'S 616	NATURE	10210
DD	NAME	D FIREDAT	ADDRESS T T	TONIA DITTO	2005	T ANTOLE C	0 7 40	DE della Da	Adson-R	mount	
	3 SEX FEI 7a. 88 7a	3. SEX FEMALE 70. BIRTHPLACE 15 FOREIGN COUNTRY) ARKANSAS ID CITY OR TOWN LEONATO USUAL RESIDENCE 130. STATE MARYLANI 14. FATHER'S NAMI FRIST SAMUEL 160. WAS DECEASE (YES, NO, OR UNKING) NO 18. CAUSE OF PART 1 DE Condition gove ri couse (o) lying cous PART 2 DTHER'S VHILE AT WORK 220. I certification deoth result ACTUAL SECRYI 230. BURIAL, CREMA SPECIFYI ACTUAL 24. FUNERAL DIREC 24. FUNERAL DIREC 25. BURIAL 24. FUNERAL DIREC 24. FUNERAL DIREC 25. BURIAL 24. FUNERAL DIREC 26. BURIAL 24. FUNERAL DIREC 27. BURIAL 24. FUNERAL DIREC 27. BURIAL 24. FUNERAL DIREC 27. BURIAL 26. BURIAL 27. BURIAL 28. BURIAL 28. BURIAL 29. BURIAL 29. BURIAL 20. BURIAL 20. BURIAL 20. BURIAL 21. FUNERAL DIREC 21. BURIAL 24. FUNERAL DIREC 25. BURIAL 26. BURIAL 26. BURIAL 27. BURIAL 27. BURIAL 27. BURIAL 28. BURIAL 28. BURIAL 29. BURIAL 29. BURIAL 29. BURIAL 20. BURIAL 21. B	VIRGINALE VHITE 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ARKANSAS 18. CITY OR TOWN OF DEATH LEONARD LEONARD ST. M JSUAL RESIDENCE (IF IN NURSING HOMEO 130. STATE 13b. COUN MARYLAND ST. M 14. FAITER'S NAME FIRST SAMUEL FRIST SAMUEL FRIST Conditions, if ony, which gove rise to immediate couse (o) stating the underlying couse lost. PART 2 DTHER SIGNIFICANT (DNDITIDNS IN 190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING XOR CONTRIBUTING CAUSE OF DATE OF OPERATION 211. INJURY OCCURRED WHILE AT WORK 270. I certify that took charged death resulted from Nature EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 12. (SPECIEV) BURIAL 24. FUNERAL DIRECTOR	VIRGINIA 3. SEX 4. RACE FEMALE WHITE 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ARKANSAS ID CITY OR TOWN OF DEATH LEONARD ST. MARY	VIRGINIA I. D. SEX 4. RACE 5. DATE OF BIRTH WHITE SEPT. 16, 1927 5. DATE OF BIRTH WONTH DAY YEAR 10. BIRTHPLACE 15. AA. 11. NAME OF HOSPITAL, NURSING (IF YOR IN SUCH FACILITY, GIVE STREET AR SEPT. 16, 1927 5. DATE OF WHAT COUNTRY? ARKANSAS 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING (IF YOR IN SUCH FACILITY, GIVE STREET AR SEPT. 16, 1927 13. COUNTY MARYLAND ST. MARY'S 13. CITY OR TOWN ARYLAND ST. MARY'S 14. FATHER'S NAME FIRST SAMUEL AVERY 15. COUNTY MARYLAND 16. CONDITION, GIVE ESSIBENCE BEFORE (175, NO, OR UNKNOWN) NO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (b) QUE TO, OR AS A CONSEQU Conditions, if ony, which gove rise to immediate couse (o) storting the under- lying couse lost. (c) PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH WHILE VINDERLYING 10. EXTERNAL CAUSE WAS UNDERLYING TO AND 11. PAPE 12. THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 191. TIME OF INJURY HOUR MAX MONTH DAY 11. PAPE 12. THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 191. TIME OF INJURY HOUR MAX MONTH DAY 11. PAPE 12. THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 192. LEXTERNAL CAUSE WAS UNDERLYING TO AND 210. EXTERNAL CAUSE WAS UNDERLYING TO AND 210. EXTERNAL CAUSE WAS TO AND 211. PLACE OF INJURY HOUR MAX MONTH DAY 11. PAPE 12. THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 17. CONTRIBUTION TO WHILE AT WORK AT WORK TO AND 210. EXTERNAL CAUSE WAS UNDERLYING TO AND 210. EXTERNAL CAUSE WAS TO AND 210. THE SIGNIFICANT CONDITIONS 210. THE SIGNIFICANT CONDITIONS 2	Virginia I. 3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS) 1F. UN. 78. ENTHPLACE (STATEOR FOREST) 79. CITIZEN OF WHAT COUNTRY? 8. MARRI ARKANSAS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHE 12. MARY IS 13. STATE 13. STATE 13. STATE 14. MARY LAND 15. MARY IS 16. MARY SHOPE SHOPE SHOPE SHOPE BETORE ADMISSION) 17. MARY LAND 18. STAME SAMUEL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART 1 DEATH WAS CAUSED BY. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART 1 DEATH WAS CAUSED BY. 19. CONTRIBUTION OF WHICH OPERATION 190. CONTRIBUTION OF WHICH OPERATION 190. CONTRIBUTION FOR WHICH OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION 190. CONTRIBUTION OF THE MINURY (AT HOME. 210. EXTERNAL CAUSE WAS WHILE WHILE 10. MAREDIATE CAUSE OF THE MINURY (AT HOME. 210. EXTERNAL CAUSE WAS WHILE WHILE 11. PAPP 12. PLACE OF INJURY (AT HOME. 210. PLACE OF INJURY (AT H	Virginia I. Cummings	Virginia I. Cummings	DECEASED NAME	Virginia I. Cummings	LOCASSONAME

STATE OF MARYLAND

		FOR STATE		0	EPARTMENT O	FHEALTH	AND M	ENTAL	3.9	2.3	5	0 4 7	
		REGISTRAR		MEL	DICAL EXAMI	NER'S	ERTIFI	CATE	OF DE	KEC	G. NO.		
		CEASED NAM	E FIRST		WIDDIE		LAST			20. DATE KNOW OF ESTI-		DAY YEAR	25 HOUR
			Erne		S.		Davis			DEATH MATE	_ 17.	-12 19 85	M
,	3. SEX	male	Black	Dec. 2,	YEAR 1910 7		HS DAYS	HOURS	R 24 HRS.	PRONOUNCED DEAD	12-	-12 19 85	2:50 p. M
1		RTHPLACE (S	TATE OR	76. CITIZEN OF WH	AT COUNTRY?	8. MARR	IED NE	VER MARI	RIED 🔲	9 BALTIMORE CI	TY OR COUN	ITY OF DEATH	
7		Kansa		USA		WIDOW	VED XX	DIVOR		St. Mar			MD.
6	21	eonard	ltown /	St. Ma	PITAL, NURSING HO LILITY, GIVE STREET ADDRES LITY S HOSP	ital	IER INSTITU	TION		UAL OCCUPATION MOST OF WORKING LIFE Secre)	0R INDUST	
5	13a. ST	ate Iaryla	nd Po	Υ	HOLLYWO	1	13d. INSIDE (NO [oute 3,	Box	2063	6
1	M. FA	THER'S NAME		WIDDLE	LAST			ER'S MAID	EN NAME	WIDDIE		LAST	
4			Smith					Nel:	lie	Crews			
2		AS DECEASE S, NO, OR UNKNO NO	D EVER IN U.S. ARM		577 60		Joa	MANT		s-daugh	,	100 Van	Bure
		Canditia gave ri cause (a lying cau	IMMEDIATI ns, if any, which se to immediate) stating the under- use last.	(c)	Arterioscl as a consequenc as a consequenc	E OF				ar Diseas	e	Stewnow	AND DEATH
_	ATION		U. A. Ser		or not related to the to Cachexia				ART 1 (a)		31		
A	CERTIFICAT	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OP	eration w	AS PERFOR	MED?				20 AUTOPSY?	мо ХХ
7	DICAL	UNDERLYING CONTRIBUTION	NG CAUSE OF D	P.M.	MONTH DAY YE	211 LO	OW INJURY	OCCURR	ED JENTER	NATURE OF INJURY IN ITE		ART 2)	STATE
			_	F//	ribed abave, held an	Autap Suicide	sy .	Inspection	_	Inquiry ,	and in my a	pinian	

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 34 HOURS THE DEATH EXECUTE THE CRETIFICATE, WRITING THE WORD "PENDING" IN PENCIL INTERMINED FROM PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALL GHITH FOR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL. EVAMINER THE WILL HAVE WELL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. "RANSIT PERMIT, PAGES 1 PAGE 1 SHOULD BE USED AS A BURIAL." RANSIT PERMIT, PAGES 1 PAGE 1 SHOULD BE USED AS A BURIAL. "RANSIT PERMIT, PAGES 1 PAGE 1 SHOULD BE USED AS A BURIAL." REANSIT PERMIT, PAGES 1 PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT, PAGES 1 PAGE 1 SHOULD BE USED AS A BURIAL." REANSIT PERMIT. PAGES 1 PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 SHOULD BE 1 SHOULD BE USED AS A BURIAL. "REANSIT PERMIT." PAGE 1 SHOULD BE 1 07/84 25M **DHMH - 17** (VR A15 ME (5))

DIVISION OF VITAL RECORDS, 201 W. PRESTO

23a BURIAL, CREMATION Burial

1985 Lingolp Memorial

23d LOCATION Suitland, Md. Cemetery

111 Penn St., Balto., Md.

24. FUNERAL DIRE

Home-4001

Dennis F. Smyth, M.D.

Stewart

EXAMINER'S NAME (TYPE OR PRINT)

Benning

Road

Assistant

H- Wastallo

12-14-85

	TATE OF MARYLAND OF HEALTH AND MENTA	L HYGIENE
MEDICAL EXAM	INER'S CERTIFICATI	OF DEATH
WIDDLE	LAST	20 DATE

133	- 5	OR TATE EGISTRAR			EPARTMENT OF	HEALTH		4.3	TH	5 5. NO.	0 5 0
		EASED NAME	FIRST		WIDDLE		LAST		20 DATE KNOW		TH DAY YEAR 26 HOU
A STREET	11112		Rodne	ey	М.	Es	step		OF ESTI-		12-9 19 85
3	sex Ma	le Bla		Feb.12,	1959 26 y		NDER 1 YR. IF UN	NDER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONT	
16	FOR	THPLACE (STATE OR EIGH COUNTRY) ryland		USA	AT COUNTRY?	8. MARR	IED NEVER M	ARRIED X	9. BALTIMORECI St. Mary	_	JNTY OF DEATH
6 10	CIT	y or town of DEA Leonardto		(IF NOT IN SUCH FACI	ITAL, NURSING HOM LITY, GIVE STREET ADDRESS) V'S HOSPIT		ier institution	12a USU FOR /	JAL OCCUPATION WOST OF WORKING LIFE)	(TYPE OF WOR	OR INDUSTRY
	a ST	RESIDENCE (IF IN NU	RSING HOME OF	ROTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Mechanic	ION)	13d. INSIDE CITY LIMI		eet address t.4. Box	x 341	20659
		HER'S NAME Charles		Richard	Estep		15. MOTHER'S M	AIDEN NAME			Johnson
1 16	a. W	AS DECEASED EVER	IN U.S. ARA	AED FORCES?	16h SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDR		
	(YES	NO. OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	214-68-8	3930	Ruth E	. Este	ep	San	ne as 13e.
		PART I DEATH W	AS CAUSED IMMEDIAT	E CAUSE (o) M	or (0), (b), and (c).) Ultiple GU AS A CONSEQUENCE	nshot OF	t Wounds	(r	rifle)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		gave rise to couse (a) stating lying couse lost. PART 2 OTHER SIGNIFICAN	the <u>under</u> -	(c)	S A CONSEQUENCE		E OR CONDITION GIVEN	IN PART 1 (g).			
7	CERTIFICATION	19a. DATE OF OPERA	ATION	19b. CONDITI	ON FOR WHICH OPE	RATION W	AS PERFORMED?				20 AUTOPSY?
	3	210 EXTERNAL CAUS UNDERLYING XX CONTRIBUTING 1	OR CAUSE OF D	21e PLACE OF	MONTH DAY YEA 12-9 19 8	5 sul	oject was		NATURE OF INJURY IN ITE	M 18 PART 1 OR	YES XX NO
	¥	WHILE NOT AT W	WHILE X	in au	RY, FARM, ETC.)	Rt	. 238, Cl	naptico	, St. Mai		CO., Md.
		220. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT)	Noture	e of the remains delical cause of the remains	hyldent [], si	Autop	Homicide TITLE (SPECIF	Y) ant_med	Inquiry, ermined manner [ICAL EXAMINER St., Bal		TE 12-10-85
1	Bu	rial, cremation, r ecify) rial		BB. DATE 12/12/85	23c NAME OF CE		morial	Garden			own, St. Mary'
24		NERAL DIRECTOR NAME Clarke	Mat	ADDRESS	Leomato	wn 1			REGISTRAR 256 F		'S SIGNATURE



BALTIMORE, MARYLAND 21201	
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VITAL RECORDS, 20	
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VITAL RECORDS, 20	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

3	5	0	5	

	- STATE REGISTRAR			ou and	CERTIF	ICATE OF DEATH	REG. N	0.		
	1 DECEASED NAME	FIRST	٨	MIDDLE	L.	AST	26. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
-		EDWARD	HEN	RY FAI	RRELL		December :	19,	1985	11:40Am
	3 SEX	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	MALE		WHITE			15. 1907	78	YRS	MOININS DATS	HOURS MIN.
n	70. BIRTHPLACE (STATE OF	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	X NEVER MARRIED	9 BALTIMORE CITY O		Y OF DEATH	
	NEW YORK		U.S	.A.	WIDOWE		St. Mary	's Co	unty	MD.
2	Leonardto	wn	NAME OF I	OSPITAL, NURSIN HFACILITY, GIVE STREET A LY 8 HOST	oital	OR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O AT & T EM	F WORKING L	IFE) INDUSTRY	F BUSINESS OR
	USUAL RESIDENCE (IF NUF	136 COUNTY		13c CITY OR TOWN		134, INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COD	Œ	
d	MARYLAND	ST. M	ARY'S	LEONARDI		YES NO X	BRETON BA			20650
7	14 FATHER'S NAME	MtD	DIF	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE			
U	PERCY	HEN		FARRELL		ELIZABET			McCA	RTHY
	160 WAS DECEASED EVE	R IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ε ^{δ5} 11A	, BRETON	BAY
	NO	(IF TES, GIVE W	AR OR DATES)	090-03-3	181	MRS. HELEN, F	ARRELL, LEON	JARDT	OWN. MAR	YLAND
	18 CAUSE OF DEA PART I. DEATH V	TH (Enter anly of MAS CAUSED B	Y:	line for (a), (b), and	na	I feel			APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH
			DUE TO, OF	R AS A CONSEQUE	NCE OF					
	Conditions, if an		(b)							
	gove rise to in cause (0), stat	ing the	DUE TO, OF	R AS A CONSEQUE	NCE OF					
	underlying caus	e last	(c)		4					
		NIFICANT CO	UDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GI	VEN IN PART 110	
	190 DATE OF OPERA									
7	19a DATE OF OPERA	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN FYING CAUSES	
	RTIE					•	YES NO		ES 🗍	NO []
2			HOUR A.	finjury M. Month Da	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART : OR PART 2)	
/	(IF EITHER NOTIFY MED	DICAL EXAMINER)	P./		19					
	OR CONTRIBUTING DIEST MEE	RRED	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	ZII LOCATION STREET	CITY OR FO	WN	COUNTY	STATE

22a I certify that (1) (this hospital) ottended the deceased from

DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death occurred on the date and hour and from the causes stoted

22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) William D. Boyd,

Leonardtown, Maryland 20650

	William	D.	Bo.	yd,	II,	M.D.
23a	BURIAL, CREMATION,	REMO				
	BURIAL			12/	/21/8	35

234 NAME OF CEMETERY OR CREMATORY

ST. ALOYSIUS

ATTENDING PHYSICIAN

24 FUNERAL DIRECTOR

EDWARD N. BRINSFIELD, JR., LECNARDTOWN, MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Common a forest and

AODREZ - 1911 . 11100

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	m - F

ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W.

DHMH -

FOR | -STATE REGISTRAR

TO HOSPITAL OR ATTENDING retained by the hospital or off

100		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONT	H DAY YEAR	2b. HOUR
150	,,,,,,	JOHN	CHRISTI	AN J	FYE	December 31,	1985	8:55 F
	3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)		
100	-	Male	Omianta?	MONTH			MONTHS DAY	HOURS MIN
	Za 81	RTHPLACE (STATE OR FOREIGN	Oriental 75 CITIZEN OF WHAT COUN	TRY? 8.	31 85	9 BALTIMORE CITY OR CO	UNITY OF DEATH	4
2		COUNTRY)		MARRIE	D NEVER MARRIED			
35	10 C	Maryland ITY OR TOWN OF DEATH	U.S.A.	WIDOWE		St. Mary's C		OF BUSINESS O
26			(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORL		
10		eonardtown	St. Mary's H					
5	13a. S	AL RESIDENCE (IF NURSING HOME OF			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP		
57	1	AAR KAND CAL	E.		YES NO	Bex354 Que	enann At	2E 200
0.	14. F.A	ATHER'S MAME	MIDDLE LAS		15 MOTHER'S MAIDEN NA	ME		AST
30			rris Fve		Sabrina	Barnido		
	16a V	VAS DECEASED EVER IN U.S. AR		SECURITY NO.	17. INFORMANT	ADDRESS	Visarr	2
	- (YES, NO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATES)					
1					Mother			
		18 CAUSE OF DEATH (Enter or PART), DEATH WAS CAUSE	D BY.	()			BETWEE	XIMATE INTERVAL NONSET AND DEATH
100	0		TE CAUSE (O) CARG	no lesp	IRATORY FA	GLURE		A COUNTY
	1		DUE TO, OR AS A CONS	EQUENCE OF				
79		Conditions, if ony, which	(b)	MATURE	TY. OF LU	INGS.		
752		gove rise to immediate	(8)	4	1			
17	3	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONS	LE TER	m BIATH			
		DADE O CELICO CICALIFICATION	(6)					
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	N GIVEN IN PART	10
	CERTIFICATION	19a, DATE OF OPERATION	196 CONDITION FOR W	THE CORP ATIO	ALLIWAY DEDECTORATED	20g AUTOPSY? 20b.	IF YES, WERE FIND	h los lisen
2	5	198. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		CERTIFYING CAUSE	S OF DEATH?
-	RT					YES NO	YES 🗌	NO 🗆
a		210. ACCIDENT WAS UNDERLYING CAUSE OF DE	110110 4 44 44041711	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	
/	AL	(IF EITHER NOTIFY MEDICAL EXAMINE	NIH .	19				
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION			
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FFICE FARM, ETC.)	STREET	CITY OR FOWN	COUNTY	STATE
-2			4-1) -44-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	the .	271 520	. Acr. SI	00	4
17		220.1 certify that (I) (this haspi saw the deceased alive on		7-	, 19	deoth occurred on the date on	19.22	, that (I) (we) la
		obove, (I) (we) (did) (did no	ot) view the body ofter deoth.			dearn accurred on the date on		
		22b. SIGNATURE	1 -		DEGREE		22c. DAT	ESIGNED
-		- Woller	mil & D. Vach	we	PHYSICIAN [MEDICAL STAFF ☐ DIRECTOR ☐ PHYSICIAN [J 1 /2	186.
		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS			1
		Mohamed Lafee	er, M. D.		Leonardtown	a, "aryland 2	0650	
_		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	(Burial	1/3/86	Charle	es Mem.Gdns		m.St.Ma	rv's M
	24 FL	JNERAL DIRECTOR			25 Q4	E REC'D. BY RECISTRAR 25 R	EGISTRAR'S SIGNA	TURE
84	W	. Clarke Mat	tingley, Let	mardto	wn, Md. JAN	0 1980 90	in Devidson	Janas
								•

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO.

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Trem Number 134-e Per, State of Maryland 1-9-86-D. W DEPARTMENT OF HEALTH AND MEN

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FOR

STATE REGISTRAR 1 DECEASED NAME

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ATA	haspi	SECT.	ed to	pt. o	ет 2
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deadth of the be executed within 24 hours a	retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by II are the prysician and complete.	should be detached for use as the burial-transit permit. Then please letter advance appers. Pagas, I and 2 ment by the	with the State Dept. of Health and Mental Hygiene priar to burial, cremating emayal.	IMPORTANT: If Hem 21 is marked at Item 18 shaws any injury, at other froumatic event, the medical exemple marke
PITA	by	VERA.	pe de	Stat	ANT
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CERTIFICATION

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MADVIAND

LAST

		211	ALL C	/1 /11	MILLE	MIND	,
)EP	ARTMEN	T OF	HEA	LTH	AND	MENTAL	HYGIENE
	C	ERT	IFIC	ATE	OF	DEATH	

AL HTG		0 .) () 6	6	
	REG. N	10.				
VIII.	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	R
N	December	2.	198	35	7:1	0 A
	6 AGE (IN YEARS LAST BE		IF UNDE	RIYEAR	IF UNDER	24 HRS
LAR L6	69	YRS	MONTHS	DAYS	HOURS	MIN.
ED 🗆	9. BALTIMORE CITY	OR COUNT	Y OF DE	ATH		

MARG	ARET SILL	GIBSON		Decer	mber 2.	198	55	/;]	LUA
SEX	4. RACE	5. DATE OF BIRTH		6 AGE INY	EARS LAST BIRTHOAY)	IF UNDER	RIYEAR	IF UNDE	R 24 HR
FEMALE	WHITE	JULY 13, 1916	5	69	YRS	MONTHS	DAYS	HOURS	MIN
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		9. BALTIMO	RE CITY OR COUN	TY OF DE	ATH		
MARYLAND	U.S.A.	WIDOWED DIVORCED		St.	Mary's	Cour	nty		٨
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	7	12a USUAL	OCCUPATION	12b. 1	KINDO	F BUSIN	ESS C
Leonardtown	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) S Hospital			K FOR MOST OF WORKING	LIFE) INDI	USTRY		

MARYLAND		13c. CITY OR TOWN BUSHWOOD	13d INSIDE CITY LIMITS?	13e.STREET BOX	ADDRESS / ZIP CO	DE 206	518
4 FATHER'S NAME SAMUEL	MIDDLE	HILL	15 MOTHER'S MAIDEN I	NAME	WIDDLE	VALLAND]	INGHA
60 WAS DECEASED EVER (YES NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 216-22-2686	JOSEPH K. G	SIBSON,	BOX 117 BUSHWOOD,	MARYLAND	2061
10 CAUSE OF DEAT	M.F.	Ones de sele	_			APPROXIMA	TE INTERVAL

PART I. DEATH WAS CAUS		WKS
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	

190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a AUT	OPSY?	206. IF YES, WERE FINDING CAUSES	
			YES 🗌	NO	YES	NO 🗌
210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURRED	(ENTER N	ATURE OF INJUR	Y IN ITEM 18 PART OR PART 2]	12.7

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN

NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from

sow the deceased alive on bove, (I) (we) (did) (did not) view the body after death. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 220 DATE SIGNED 22b. SIC NATER DEGREE

224 PHYSICIAN'S NAME LTYPE OF MILE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

- 1	0	2	95	-	-	CI	100
-1	1	-	•	-		0 1	

Boyd.

Maryland 20650 Leonardtown,

3a. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
BURIAL	12/4/85	SACRED HEART

(AT HOME, STREET, FACTORY OFFICE FARM ETC.)

MIDDLE

CITY OR TOWN BUSHWOOD ST. MARY'S, MD.

24 FUNERAL DIRECTOR EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

DEC

23d. LOCATION

ina Beviden Ander

DHMH - 16 60M 7/84 (VRA 15, 4)

AC AC

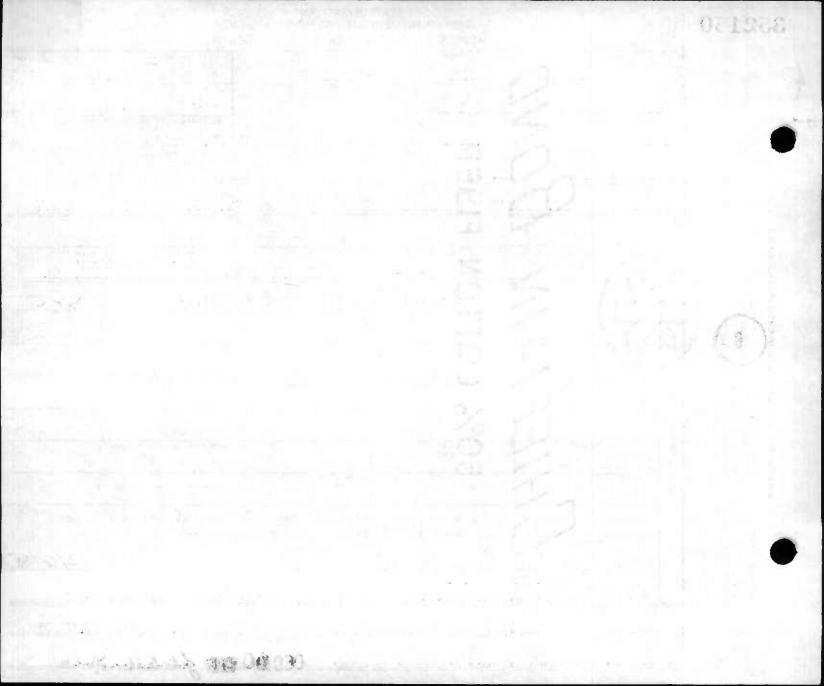
STATE OF MARYLAND 352150 DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN DECEASED NAME (TYPE OR PRINT) THOMAS LEO GOLDRING DEATH MATED S 1, 2, AND 3 TO THE FUNERAL DIRECTOR.
PM. 3. RETAIN PAGE 5 FOR YOUR FILES.
ND 2 SHOULD BE FILED, WITHIN 72 HOURS.
VITAL BECORDS, 201 W. PRESTON STREET, DEC.4. 1985 1735 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3. SFX . DATE OF BIRTH 2c. DATE LAST BIRTHDAY) PRONOUNCED JULY 31.1929 1985 MALE BLACK 56 2015 DEAD b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED X MARYLAND U.S.A. ST. MARY'S WIDOWED DIVORCED IO CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! CHARLOTTE HALL LABORER ST. MARY'S 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MECHANICSVILLE RT. #3. BOX 347 20659 S AFTER D.
GIVE PAGES.
TH FORM PM.
THES I AND 2 SP
V OF VITA! 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST THOMAS **EDWARD** GOLDRING **JACKSON** MARTE CATHERINE 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT RÍ. #3, BOX 347 FORBES, MECHANICSVILLE, MD. (IF YES, GIVE WAR OR DATES) 212-28-9909 18 CAUSE OF DEATH (Enter only one couse per line for to) b) and BETWEEN ONSET AND DEATH PRESTON ST. PART I DEATH WAS CAUSED BY-DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E, WE, RANARDED TO THE USE USE AT THE DEPARTMENT OF TATE DEPARTMENT OF TO BURIA YES NO [210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 2 If. LOCATION STREET, FACTORY, FARM, ETC. CITY OF TOWN STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR PY AFTER DEATH WITH THE STAND SHALLIMORE, MARYLAND SHALLIMORE, MARYL 220. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Inspection Undetermined monner death resulted from: Notural causes Accident Homicide TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER Wm D. Boyd, M.D. EXAMINER'S NAME JAMES C. BOYD. LEONARDTOWN, MARYLAND 20650 TYPE OR PRINT ADDRESS 23a BURIAL, CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL 12/7/85 HELEN. OUEEN OF PEACE MARY'S, MARYLAND 07/84 24 FUNERAL DIRECTOR

DHMH - 17 (VR A15 ME (5))

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

250. DATE REC'D. BY REGISTRAR

25b. REGISTRAR'S SIGNATURE



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AM. The tow requires that the death certificate be executed within 24 hours after death. Page 4 may be	hysician. The form has been ugned by the attending physician and companies, tilled in by the funeral director, page 3 structs parmit. Then please remove carbonagets. Page 1 and 2 shigld be tiled within 22 hears death
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1	1.	FOR STATE REGISTRAR		DEPARTA	AENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 5 3	5 o	5 5
		CEASED NAME FR		HODER.		LASE	Ze DATE OF DEATH WONTH	DAY HEAR	26 HOUR
	_	The state of the s	NO. 7 THE RES. LEW.	LLEN		NKINS	DECEMBER	28,1985	924 N
1	1.56		4 RACE		MON		6 AGE (WYSARSLAST BIRTHDAY)	MONTHS DAYS	POURS MRC
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	NE	RTHPLACE PLATE DE NORE O COUNTRY YORK	U.S		WIDOW	No. Standard	ST. MARY'S	NTY OF DEATH	MD
		ITY OR TOWN OF DEATH	(# NOT ex SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	17th USUAL OCCUPATION 17th OF WORK FOR HOLF OF WORKIN	GIRE) INDUSTRY	OF BUSINESS OR
2		ONARDTOWN AL RESIDENCE 10 MONTHS HIS		ARY'S HOS	SPITA	L	CORRECTIONAL O	FFICER	
2	MA	RYLAND ST	COUNTY	VALLEY I		THE INSIDE CITY LIMITS?	P.O. BOX 221	DDE	20692
Ø		THOMAS	JEFFERSON	JENKIN		13. MOTHER'S MAIDEN NA FRS1 CHARLOT	ween	REEI	
		NO NO UNIVERSITY OF THE NO.	5. ARMED FORCES?	577-44-5		MARY JENKINS	P.O. BOX 221 VALLEY LEE, M	ARYLAND 2	20692
	1	underlying couse la	ch hit but TO OR	AS A CONSECUTOR	PICE OF	ulas Fi	enflation	in	11
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7	CERTIFICATION	THE DATE OF OPERATION	1% CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED		YES, WERE FINDING CAUSES	
5	10000	The ACCEMENT WAS UNDERLYED OR CONTRIBUTING C CAUSE OF EITHER NOTIFY MEDICAL CO.	OF SEATH HOUR A.	M. MONTH DA	Y YEAR	21s HOW INJUST OCCUR	RED CONTRACTOR OF NAME OF STREET	18 FART / QRPART 2)	
	MEDICAL	214 INJURY OCCURRED WHILE D NOT WHILE D AT WORK D NOT WHILE D	21e PLACE C	-		7H. LOCATION	EMONOWN	EDUNIT	1/4/16
	1 1 1 1	226 SIGNATURE	view the begin	1/1/109	15	nd that in (my) opinion DEGREE AFTENDING HYSICIAN	death occurred on the date and l	19 30 hour and from the 23± 0 TE	
1	72a s	J. PATRICK	JARBOE, M.		IAME OF	MEDICAL ARTS	BLDG. LEONARI	OTOWN, MI	20650

BURIAL
M. FUNERAL DIRECTOR CLINTON, PRINCE GEORGE'S, MD.

758. DATE REC D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

JAN 3 886 12/31/85 RESURRECTION EDWARD N. BRINSFIELD, JR., LÉONARDTOWN, MD. JAN (VRA 15, 4)

DHMH - 16 60M 7784

1. DECEASED NAME	FIRST	MIDE	DLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR
(TYPE OR PRINT)	Kelly	Car	son	Litte	en,Sr.	Decembe	r 29,	1985
3. SEX	4.	RACE		5. DATE OF B		6. AGE (IN YEARS LAST		IF UNDER I YEAR
Male		White		March	23,1955	80	YRS	
70. BIRTHPLACE (STATE	OR FOREIGN 7b	U.S.A.		MARRIED (NEVER MARRIED DIVORCED	St. Ma	_	OF DEATH
Leonardt			SPITAL, NURSING		other institution al	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Restaur	ST OF WORKING LIFE	126 KIND
USUAL RESIDENCE (#) 130. STATE Md.	136 COUNTY St.Ma	1130	E RESIDENCE BEFORE C. CITY OR TOWN Leonar	N 113	Id. INSIDE CITY LIMITS?	13e STREET ADDRES	s zip cobe Route	Box
14 FATHER'S NAME	Fido	os.	TZAL	15	MOTHER'S MAIDEN N	AME MIDDLE		
Madison	Fide	lif	Litten		Juľia	Kate		Good
160 WAS DECEASED ET		VAR OR DATES!	SOCIAL SECUR		Anna Laur		CAME	AS 13
No					Anna Laur	a Litten	SAME	
18 CAUSE OF DE PART I. DEAT	EATH (Enter anly of WAS CAUSED B	RV.	e for (a), (b), and		ilure			BETWEEN
	immediate oting the	DUE TO, OR A	S A CONSEQUE	NCE OF	Carciner	va		2
gove rise to cause (a), si underlying co	immediate oting the ouse last.	DUE TO, OR A	AS A CONSEQUE	NCE OF		MINAL DISEASE OR CO		2
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FOR STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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STATE OF MARYIAND DEPARTA

JIAIL OF MARTEAND	
MENT OF HEALTH AND MENTAL HYGIEND	
CERTIFICATE OF DEATH	PEG N

	REGISTRAR				CERTIFIE	CAILOID	67111	RE	G. NO.			
	CEASED NAME	FIRST	٨	AIDDLE	LA	ST	37.5	20. DATE OF DEA	H MONTH	DAY YEAR	2b. HOU	R
(TYPE	MARY	7	ELL	EN		INGLY		Decembe		1985	,	25AM
arSE.	Female	4 RA		nite	5. DATE OF	y 20,	1931	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER	24 HRS MIN.
	RTHPLACE (STATE OR FO	REIGN 76 CI	TIZEN OF V	WHAT COUNT	RY? 8.	X NEVER A	ARRIED 🗆	9. BALTIMORE CI	TY OR COUN	NTY OF DEATH		
	Maryland		US		WIDOWED	DIN DIN	ORCED	St. Ma	-			MD
	eonardtown			HEACHITY, GIVE ST	RSING HOME OF REET ADDRESS) Spital	R OTHER INST	ITUTION	17a USUAL OCCU		G LIFE) INDUSTRY		SSOR
USU, 13a. S	AL RESIDENCE (IF NURSIN	G HOME OR OTHER		13c. CITY OR T	OWN I	13d INSIDE CI	ITY LIMITS?	13e.STREET ADDR	ESS / ZIP CO	DDE 7.00	36	
_		St.Mar	ry's	Hol	lywood		NO 🗌		.Box	91	1	
14. FA	ATHER'S NAME	MIDDLE		LAST			MAIDEN NA	ME	DIE	LA	ST	
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	VAS DECEASED EVER IN	(IF YES, GIVE WAR		16b SOCIAL S		17 INFORMA						
	No			217 - 2	8-6590	Jame	es Ver	non Mat	tingl		Same	
	18 CAUSE OF DEATH PART I, DEATH WA	Enter only one	couse per	line for tal, (b)				1		BETWEEN	ONSET AND	DEATH
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CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CO							200 AUTOPSY?	20b. IF IN CER	GIVEN IN PART I YES, WERE FIND RTIFYING CAUSE YES T	NGS USE	H?
	210 ACCIDENT WAS UNDER	USE OF DEATH		M. MONTH	H DAY YEAR			_		18 PART I OR PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	D 2	P./ 1e PLACE (AT HOME, STR		ICE, FARM, ETC.)	211 LOCATIO STREET	N	CITY	OR TOWN	COUNTY	5	TATE
	220.1 certify that (1) (1) saw the deceosed obove, (1) (we) (did 22b. SIGNATURE	alive on		1	9, onc	EGREE		death occurred an t		hour and fram the	that (I) (secouses sto	
	7	16	20	m. 4		F	TTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN [121	23/0	27
	774 PHYSICIAN'S NAM					22e ADDRES					•	
	Youngsik	Moon,	M.D.			Holl	ywood,	Maryland	2063	16		
23a E	BURIAL, CREMATION, RI	EMOVAL 23b	DATE		3c NAME OF CE			23d. LOCATION	MA.	COUNTY		TATE
	Burial	1	2/26	/85	Charles	Memori	ial Gar	Mone Too	andtor	wn St.Ma	ry's	Md.
24. FU	W. Clar				eonard	town,	MD ST C	E REC'D. BY REGIST	RAR 256 REC	SISTRAR'S SIGNA	TURE	
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TO FUNERAL DIRECTOR: After this certificate has been signed by t should be detached for use as the buriol-tronsit permit. Then please it with the State Dept- of Health and Mental Hygiene prior to burial, cre

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

V.	STATE REGISTRAR	DEPART		ATE OF DEATH		0 0	9 3	, ,	
DEC	CEASED NAME FIRST	WIDDLE	LAST		REG. NO		DAY YEAR	2b HOUR	
	OR PRINT)							20 110011	
	JAMES	Cytototto	ILSTEA	M	December A AGE (IN YEARS LAST BIRTH		985	11:30F	
3 SEX		4. RACE	5. DATE OF	DAY YEAR	AGE (IN YEARS LAST BIRTH		MONIHS DATS	HOURS MIN.	
	Male	White	Sept	.1,1903	82	YRS			
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	OF DEATH		
	Maryland	USA	WIDOWED		St. Mary's	s Cow	nty	M	
	TY OR TOWN OF DEATH Leonard town	11. NAME OF HOSPITAL, NURSING STEET STEET HOST IN SUCH PACILITY GIVE STREET HOST	NG HOME OR		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF			F BUSINESS OF	
Ma Ma	AL RESIDENCE (IF NURSING HOME OR TY)		Micsyl	BE INSIDE CITY LIMITS?	13e.STREETRODRESSY	z BOX	343	1659	
14. FA	THER'S NAME		1	MOTHER'S MAIDEN NA	AE			"	
		MIDDLE LAST	n+0-3	FIRST	MIDDLE	le o	LAS	T	
160 \0	James Fi		stead	Cora	Spea		0 - 1		
	ES, NO OR UNKNOWN) IF YES GIV	E WAR OR DATES)						t Road	
	No	718-14	-3064	Margaret S	Shanahan A	lexa		Va . IMATE INTERVAL ONSET AND DEATH	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQU	D, OR AS A CONSEQUENCE OF S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER ONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 206 IF YES, WERE FINDING IN CERTIFYING CAUSES OF		
IFICATION					20a AUTOPSY?	20b. IF YES	S, WERE FINDIN	NGS USED OF DEATH?	
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W. Clarke Mattingley Leonardtown, Md. DEC 27

DHMH - 16 60M 7/84

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(VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIN

STATE OF MARYLAND

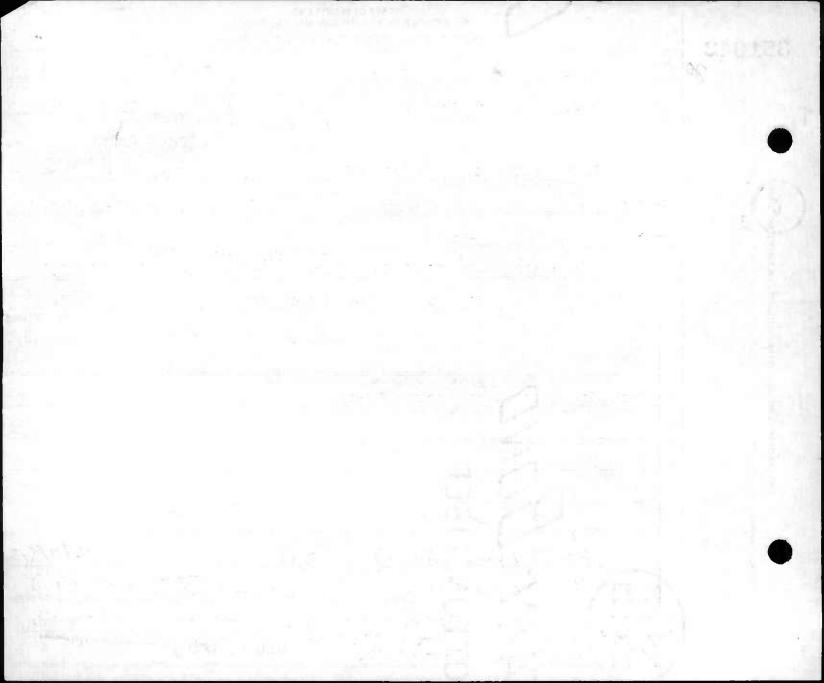
DEPART	MENT OF	HEALTH	AND MEN	ITAL HY	GIENE ,
AEDICAL	EXAMI	NER'S C	ERTIFICA	ATE OF	DEATH

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REG.	NO.		77	

3035	1	REGISTRAR		MED	ICAL EXA	MINER'S	ERTIFICATE	OF DEAT	H RI	EG. NO.		9	
10		EASED NAME	FIRST		WIDDLE		LAST	2a.	DATE KNO	WN W	MONTH DA	Y YEAR	2b HOUR
25 E 30			Agnes	Li	cille	N	elson		OF EST DEATH MAT	ED 🗆	12/5	/1985	M
L DIRECTOR. TOUR FILES. 172 HOURS TON STREET	3. SEX	emale Whi		NOV. 1,1	VEAD LAST	BIRTHDAY) MONT	DER 1 YR. IF UNDER	R 24 HRS 2c.	DATE ONOUNCED DEAD	M	12/11	Y YEAR	12:30 AM
N N N N N N N N N N N N N N N N N N N	7a. BI	RTHPLACE ISTATE OR REIGN COUNTRY)		CITIZEN OF WH	AT COUNTRY?	Ta .	ED NEVER MARK	RIED 9	BALTIMORE	CITY OR C	COUNTY OF		Am
5. F	Maryland			U.S.		WIDOW		CED X S	t. Mar	y's (County	,	MD.
PAGE E E E		exington		I. NAME OF HOSP IF NOT IN SUCH FACE Lexingto	ILITY, GIVE STREET AD	DRESS)		FOR MOS POST	OCCUPATION OF WORKING LIE	FE)		OR INDUSTR	Y
Hourd P	13a S	residence is in NU aryland	rsing home or co 136 COUNTY St.Ma	THER INSTITUTION, GIVE	RESIDENCE BEFORE A	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET	ADDRESS 242	5	200	Abell	
96	14. FA	THER'S NAME Charl	96	MIDDLE	t as t	Hall	15. MOTHER'S MAID		MIDDLE			LAST	
1200	16n V	AS DECEASED EVER		Augus	TEL SOCIAL SE		Amy	ابا	ucille	DRESS	Harr	ils	
VISION	(YI		(IF YES, GIVE WA				John Fra	ancis			Rt.	242	> /
AEDICAL EX AS A BURIAL ALTH AND M CREMATION	NOI			(c)_ ITRIRUTING TO DEATH BI	IT NOT RELATED TO T	HE TERMINAL DISEASI	DR CONDITION GIVEN IN P	ART 1 to					
BE USED NIT OF HE BURIAL,	CERTIFICATION	190. DATE OF OPERA	ATION				AS PERFORMED?				20	AUTOPSY?	NO [
SHOULD BI PARTMEN RIOR TO BI	MEDICAL CER	210. EXTERNAL CAUSE UNDERLYING CONTRIBUTING 1	OR CAUSE OF DEA	ATH 2:00AM	MONTH DAY 12/11/ FINJURY (ATHO	19 85 sul	owinjury occurring of the stra				1 OR PART 2)		SU.
PAGE 3 TATE DE 21201 P	W	WHILE NOT AT W	WHILE X		ng lot.	5	reer kington Pa		Mary	's Co	county.	Md.	STATE
ILD BE FOR DIRECTOR: WITH THE STARYLAND,		death resulted Iram		of the remains described	ribed abave, held	Suicide	, Inspection, Inspection, Homicide X,		Inquiry ,	and in	n my apinian		
E 4 SHOU FUNERAL ER DEATH, FIMORE, N	-	ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Grea	ory R. Ka	auffman	M D		nt MEDICA			DATE SIGNED	12/11	/85
PAGE TO FU AFTER BALTIA	23a.Bl	IRIAL, CREMATION, R				OF CEMETERY O		23d, LOCA					
	(5	Burial					eart Cem.	CITY OR T	hwood	St.	. Mar	VS MC	_
MH - 17 15 ME (5))	24 FL	NERAL DIRECTOR NAMEW. Cla					25a. DATE		GISTRAR 256 7 1985	. REGISTR	AR'S SIGNA		

07/84 BP. 25M **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND



filled in by the funeral directar ould be filed within 72 hours aft DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. at Hea

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

2	200	(10)		1
5	3	3	C	0

	- STATE	DET ANY	CERTIFICATE OF DEATH	REG. NO.	3 0 0 4.
_	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	DOROTHY	ADELIA	ROSSER	December 18,	1985 8:40 M
	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	Female	White	July 29, 1902	83 yr	MONTHS DATS HOURS MIN.
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
	West Virginia	USA	WIDOWED DIVORCED	St. Mary's	County MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
2	Leonardtown	St. Mary's l		Homemaker	Home
)	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 136 COU Md. St.		WN \$13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CORNER A.	DDE 20636 Llston Lane
J	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME MIDDLE	LAST
	Edward		nner Unknown		TASI
	160 WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
	NO (IF TES. G)		2-3934 Margaret	J. Brawley S	Same as 13e.
	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CONSEOL	ele Myocardia	I Infarction	no
	DADI 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OF CONDITION	CIVEN IN DARY 1:0
		CONDITIONS CONTRIBUTING TO	BOT NOT RECATED TO THE TEXT	MILANT DISEASE ON COMPILIONA	SIVEIV IIV PART TIO
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES NO NO
	00.000.000.000.000.000.000.000.000	HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	IB PART (OR PART 2)
	GENERAL MOTHY MEDICAL EXAMINE WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
	obove (I we) fold (did no	of the description of the body of the description of the body of the death.	ond that in my our) opinion	death accurred on the date and I	nour and from the causes stated
	22b. SIGNATURE	O C. the	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	22d PHYSICIAN'S NAME LTYPE	OR PRINT)	22e ADDRESS	100724	

David Allen,
230. BURIAL, CREMATION, REMOVAL
BURIAL
BURIAL MD 23b. DATE

Leonardtown, Md. 20650

23c NAME OF CEMETERY OR CREMATORY
Trinity Mem.Gdns. Waldorf, Trinity Mem. Gdns.

Charles

Mď.

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

MPORTANT: If Item 21 is

(VRA 15, 4)

Clarke Mattingley, Leonardtown, Md.

12/21/85

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE in Davidson Randelle Lt. solging County

ZTINGE E'ELL SE MONTH TO

nexts titles, bit, settle titles and the set

FOR

- STATE REGISTRAR

CATION

CERTIF

MPORTANT

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 r use as the burial-transit Health and Mental Hygi Should be detached for us with the State Dept. of He

STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	5
CERTIFICATE OF DEATH	

REG. NO.					
DEC. 25,		SS DAY	YEAR	26 HOL	
6. AGE (IN YEARS LAST BIRTHDA	(Y)	IF UND	ER I YEAR	IF UNDER	23 HR
10		MONTHS	DAYS	HOURS	MIP

1 DECEASED NAME FIRST (TYPE OR PRINTED EMMANUEL	- ANGELO	SERIO	Dec. 25, 198	_	26 HOUR 0 250
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	UNDER I YEAR	IF UNDER 24 H
MALE	CAUCASION	PEB 09 1916	69 YRS	DAYS DAYS	HOURS M
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH	
Washington DC	USA	WIDOWED DIVORCED	St Mary's		
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)		F BUSINESS (

1	1111000	CHUCASUA	169 61 1916	O 7 YRS	
4	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	Washington DC	USA	WIDOWED DIVORCED		MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
	Leonardham, MD	St. MARY'S H	osnitor	(TYPE OF WORK FOR MOST OF WORKING LIFE) Butcher	grocerystore
	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE	PROTHER INSTITUTION GIVE RESIDENCE BEFORE INTY 13 CITY OR TOWN MELAANIC		130 STREET ADDRESS / ZIP CODE	4.6
1		Mary MULATINIC			× 341 × 000 /
N	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	NAME	1224
4	Angelo	Seri	o Marie	Middle	Rappisoda
1	160 WAS DECEASED EVER IN U.S. A		RITY NO. 17 INFORMANT	ADDRESS	
ı	(YES NO OR UNKNOWN) (IF YES, G	1VE WAR OR DATES) 578-18	-0/25 Paul J C	atlett Same as	#13
ı	18 CAUSE OF DEATH Enter o	nly one couse per line for (a), (b), and	dic ·		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUS IMMEDIA	TE CAUSE (0) MEFastur	tie Carrenne f	Lung	3 months
ı	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	us Cel la flung,	er	7 morals
1	gove rise to immediate	DUE TO, OR AT A CONSEQUE	0 /	191	Travias.
١	underlying couse last.	DUE TO, OK MY A CONSEQUE	NCE OF		

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		20a AUTOPSY?	20b. IF YES, WERE FIND I		
			YES NO	YES 🗌	NO K	
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)		

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED STREET CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

our) opinion death accurred on the date and hour and from the causes stated

DEGREE 22¢ DATE SIGNED

PHYSICIAN S MEDICAL STAFF
DIRECTOR PHYSICIAN

230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial Washington DC 28Dec1985 Mt Olivet Cemetery

24 FUNERAL DIRECTOR
NAME ROBERT E Wilhelm
Funeral Home

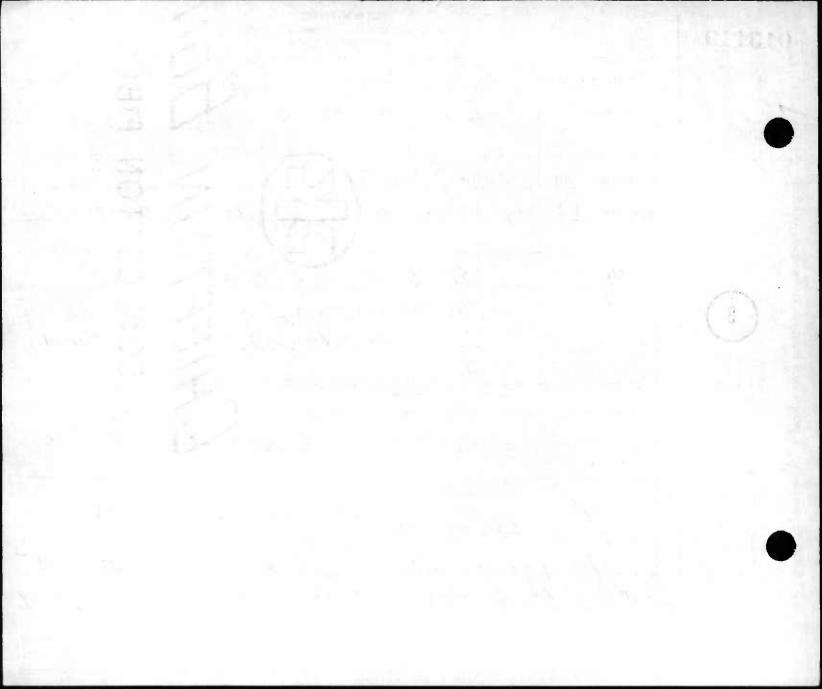
NOT WHILE

Suitland, Md.

BY REGISTRAR 256. REGISTRAR SIGNATURE PANCER

STATE

COUNTY



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

3	1700	0	6	1
REG. N	10.			

	STATE REGISTRAR		ME	DICAL EXAM	INER'S CER	TIFICATE O	FDEATH	REG. NO.	0 0	1
		FIRST	13.65	WIDDIE	LAST		OF	ESTI-		
SEX M		RACE	5. DATE OF BIRTE	A AGE (III	YEARS IF UNDER	TYR. IF UNDER	24 HRS. 2c. DAT	E M		
M	GN COUNTRY)		USA	HAT COUNTRY?	11		ED ky			
L	eonard	town	St.Mar	Y S HOSP	ital	NSTITUTION			WORK 12b KIND OF OR INDU	
la. S	Md.				town 13d.	S NO 💭		Box 49	-A (2065	0)
	Albert		MIDDLE	Somervill	e F	leanor	NAME	А	rmstrono	i
				16b. SOCIAL SECU	RITY NO. 17. I	NFORMANT	Smith		550-8th	St.N
	18 CAUSE OF PART I DEA	TH WAS CAUSE	D BY: TE CAUSE (a)	1 wo	se S	eezu	y Les	Les		ATE INTERVAL ISET AND DEAT
	gave rise cause (a) s	to immediate toting the under-	(b)			0				
NOI	PART 2 OTNER SIGI	HIFICANT CONDITIONS	CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE T	ERMINAL DISEASE OR C	DADITION GIVEN IN PA	RT 1 101			
TIFICAT			196 COND	ITION FOR WHICH OF	PERATION WAS P	ERFORMED?				N7
V	UNDERLYING	OR	HOUR A.	M. MONTH DAY Y	EAR		D (ENTER NATURE OF III	IJURY IN ITEM 18 PART	[1 OR PART 2)	
MEDI	21d. INJURY OF WHILE AT WORK	CURRED NOT WHILE AT WORK			21f LOCAT	ION	CITY OR TO	NWO	COUNTY	STATE
	22a certify death resulted	that I took charg		Accident ,	Suicide .	Homicide ,	Undetermined m	anner,	DATE /3/	2/81
			7/1	1	M.D	13/11	MEDICAL EXA	MINER	SIGNED 7	1/ 31
1	EXAMINER'S N		13 ay	HIm	D, ADD	RESS		7111 3211	-	
T TO THE TOTAL TOT	SEXX M. O. C.I. L. O. SUA	DECEASED NAME (TYPE OR PRINT) SEX. Male BIRTHPLACE (STANDER) COUNTRY) COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY BIRTHPLACE (STANDER) COUNTRY COUNT	DECEASED NAME ITYPE OR PRINT) SEX A RACE Black Black Black COLITY OR TOWN OF DEATH LEONARD HOME COUNTRY) SUAL RESIDENCE (IF IN NURSING HOME CIDENTS AND FREST Albert COLITY OR TOWN OF DEATH LEONARD HOME CIDENTS AND FREST Albert CONTRIBUTIONS, If only, which gove rise to immediate couse (a) storing the underlying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS INCOMPRESS OF DEATH (Enter on PART 1 DEATH WAS CAUSE) IMMEDIA Conditions, if only, which gove rise to immediate couse (a) storing the underlying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING AT WORK 21d. EXTERNAL CAUSE WAS UNDERLYING AT WORK 22d. I certify that I took charge death resulted from: Nature Countries and Countries	DECEASED NAME (TYPE OR PRINT) JOSEPH JOSEPH JOSEPH JOSEPH RACE Black Blac	DECEASED NAME IDSORPH IOSORPH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE SURFET AGORES IOSORPH IOSORPH IOS	DECEASED NAME PRIST MODIE DECEASED NAME PRIST MODIE SEX JOSEPH TIGHT SOMETIME SOMET SOME SOME SOME SOME SOME SOME SOME SOME	DECEASED NAME FIRST MIDDLE SOME FIRST STORE OF BIRTH (FIVE OF PRINT) SEX 4. RACE 5. DATE OF BIRTH NONTH BLACK Dec. 24, 1933 6. AGE (A VEARS) IF UNDER 1YR. IF UNDER MADE Black Dec. 24, 1933 6. AGE (A VEARS) IF UNDER 1YR. IF UNDER Dec. 24, 1933 6. AGE (A VEARS) IF UNDER 1YR. IF UNDER DEC. 24, 1933 6. AGE (A VEARS) IF UNDER 1YR. IF UNDER DEC. 24, 1933 6. AGE (A VEARS) IF UNDER 1YR. IF UNDER DEC. 24, 1933 6. AGE (A VEARS) IF UNDER 1YR. IF UNDER DEC. 24, 1933 6. AGE (A VEARS) IF UNDER 1YR. IF UNDER DEC. 24, 1933 6. AGE (A VEARS) IF UNDER 1YR. IF UNDER DEC. 24, 1933 6. AGE (A VEARS) IF UNDER 1YR. IF UNDER DEC. 24, 1933 6. AGE (A VEARS) IF UNDER 1YR. IF UNDER DEC. 24, 1933 6. AGE (A VEARS) IF UNDER 1YR. IF UNDER DEC. 24, 1933 6. AGE (A VEARS) IF UNDER 1YR. IF UNDER DEC. 24, 1933 6. AGE (A VEARS) IF UNDER 1YR. IF UNDER DEC. 24, 1933 6. AGE (A VEARS) IF UNDER 1YR. I	DECEASED NAME (TYPE OF PRINT) DOCEASED NAME (TYPE OF PRINT) JOSEPH TODATE OF BIRTH JOSEPH JOSEPH	DECEASED NAME (1993) DECEASED NAME (1993)	DECEASED NAME PAST

20M 4/82

(VR A15 ME (5)) W. Clarke Mattingley, Leonardtown, Md.

Markey (1988 1) 330

STATE OF MARYLAND

DEPART	MENT	OF HEALI	H AND M	ENTAL	HYGIENE
AEDICAL	EXAM	AINER'S	CERTIFIE	CATE	OF DEATH

41.72	198		- 2	a
5	3	0	0	.3
REG.	NO.			

	STATE REGISTRAR	MEDICAL E	XAMINER'S CE	RTIFICATE OF	DEATH REG.	NO.	0 .)
	OR PRINT) Arthu	r William	Southg	ate	20. DATE KNOWN OF ESTI- DEATH MATED		1, 1, 985 ~7
3. SEX Ma	le White	May 3 1 904	AGE (IN YEARS IF UND			MONTH D/	19 85 9: 85
	THPLACE (STATE OR EIGN COLNTRY) W YOLK	U. S.A.	RY? 8 MARRIED WIDOWE	D NEVER MARRIED D DIVORCED	St. Ma:	ry's Co	
	y or town of death Avenue	11. NAME OF HOSPITAL, NURS	home	RINSTITUTION 120	USUAL OCCUPATION (FOR MOST OF WORKING LIFE) Serv.	ice 12b	KIND OF BUSINESS OR INDUSTRY
		Mary 's Aver	PRIOWN 1	3d. INSIDE CITY LIMITS? 13e.	STREET ADDRESS RIVER	Spring	Road
16a. W	THER'S NAME WILLIAM AS DECEASED EVER IN U.S. AR S. NO. OR UNKNOWN) [IF YES, GIVE	Son	uthgate	S. MOTHER'S MAIDEN N. FIRST Eliza 7. INFORMANT	MIDDLE	?	LAST
1 /	NO 18. CAUSE OF DEATH (Enter on	lly ane cause per line far (a), (b),		Mary S. So	outhgate	Sam	APPROXIMATE INTERVAL
7	Canditians, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	TE CAUSE (a) OUE TO, OR AS A CONS	SEQUENCE OF	DR CONDITION GIVEN IN PART 1 1/	ol.		Minutes
THE	196. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS	S PERFORMED?		20	YES NO
	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH I DEATH P.M.		W INJURY OCCURRED (E)	NTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE E AT WORK	21e PLACE OF INJURY STREET, FACTORY, FARM, ETC			CITY OR TOWN	COUNTY	STATE
		ge of the remains described above ral causes , Accident	e, held an Autapsy , Suicide ,	Hamicide U	Inquiry ,	and in my apinion DATE SIGNED	ומאב/כד
	EXAMINER'S NAME (TYPE OR PRINT)	vid Allen			of Leona	netrown	Mc6062
(SP	RIAL, CREMATION, REMOVAL Burial NERAL DIRECTOR		arles Mem		dens Leona D. By REGISTRAR 235 RE	county rdtown GISTRAR'S SIGN	St Mary

20M 4/82

NAME W. Clarke Mattingley Leonardtown, Md.

102	rs other day	files (
E, MAKTLAND ZI	oted within 24 hou	completely filled in 1 and 2 should be
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	leoth certificate be exec	trending physicion and ve corbanpopers. Pages ion, or removal.
RECORDS, 201 W. PRE	low requires that the a	is been signed by the o ermit. Then pleose remo e prior to buriol, cremot
DIVISION OF VITAL	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after districted by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	TO HOSPITAL OR retained by the h	TO FUNERAL DIRI should be detoche with the State Dep

008120

STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL HYGIENE						
CERTIFICATE OF DEATH						

1- STATE REGIST	RAR		DEPARTA		ICATE OF DEATH		, NO.))	0 0
I. DECEASED	NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	H MONTH E	AY YEAR	2b HOUR
TYPE OR PRINT)	ELLIS		ST	ATESM	AN	December	27. 198	5	2:00 Am
3 SEX		4. RACE	-417	5. DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	
Male		Black		Feb.	22,1902	83	YRS .	ONTHS DATS	HOURS MIN.
To BIRTHPLAC	E (STATE OF FOREIGN		WHAT COUNTRY?	8	D W NEVER MARRIED	9 BALTIMORE CIT		OF DEATH	
Valle	y Lee, Md.	U.S.	Α.	WIDOWE		St. Man	v's Cou	ntv	MD.
IO CITY OR TO	OWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUP	ATION	126 KIND	OF BUSINESS OR
Leon	ardtown		y's Hosp			(TYPE OF WORK FOR MC	- IST OF WORKING LIFE	U.S.	Post Of
USUAL RESIDI 130 STATE Md.	ENCE IT NURSING HOME OR 13b COUN St. N		GIVE RESIDENCE BEFORE 136. CITY OR TOW Valley	N	13d INSIDE CITY LIMITS?	13e STREET ADDRE	ss / zip code x 224	260	1072 0
14. FATHER'S					15. MOTHER'S MAIDEN NA				
Jo	seph	MIDDLE	States	man	'T'da	MIDDE	t	Thomp	son
	EASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	AD	DRESS		
No	UNKNOWN) (IF YES, GIV	E WAR OK DATES!	217-14-	7318	Carrie T.	Statesma	in, Sam	ne as	13e.
gove	rions, if ony, which rise to immediate (a), stating the ying couse lost	(b)	R AS A CONSEQUE R AS A CONSEQUE	NCE OF	alaces				
DART 2	OTHER SIGNIESCANIT	ONDITIONS CO			NOT RELATED TO THE TERM	INIAI DISEASE OR C	ONDITION CIVI	NI INI DADTI	
	were	_	~2200		NOT RELATED TO THE TERM	MINAL DISEASE OR C	ONDITION GIVE	IN IN FARIT	
5 19a. DAT	E OF OPERATION	196 COND		OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY		INGS USED S OF DEATH?
00.00.00	TRIBUTING CAUSE OF DEA DER NOTIFY MEDICAL EXAMINER		finjury m. month da m.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 PA	ART 1 OR PART 2)	
WHILE AT WORK	URY OCCURRED	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY O	RIOWN	COUNTY	STATE
sow	rtify that (1) (this haspi the deceased alive on ove, (1) (we) (did) (did no	12/26	185 19		nd that in (my) (our) opinion	. 10	e date and hour		that (I) (we) last ecouses stated
	Shua f	Jan	gravo		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PHY	STAFF YSICIAN []	22c. DATE	27 85
22d PHY	SICIAN'S NAME LITYPE O	RPRINT	1		22e ADDRESS			-	1 1

230 BURIAL, CREMATION, REMOVAL Burial 24 FUNERAL DIRECTOR

KRISHWA

231 NAME OF CEMETERY OR CREMATORY

P73

MATORY 23d LOCATION CITY OR TOWN Valley Lee St. Mary's Md.

125a DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

6 1980

12/30/85 St. Mary's Cem. Clarke Mattingley, Leonardtown, Md.

JATARAMAN

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21

Winderson C.M. Pull

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1	Film G611	item 13e,	17			ARYLAND						
1-	STATE 1/8/8	36 r	ia	PARTMENT OF			()	5	3 5	5 0	0 /	,
6 4	REGISTRAR			CAL EXAMIN	JER'S C	ERTIFICATI		ТН	REG. NO.			
I. DE	CEASED NAME	FIRST	N	MIDDLE		LAST	20	a. DATE KN	NOWN X	AONTH DAY	YEAR	7b. HOUR
		Joseph		Τ.	Ste	evens		DEATH A	AATED	12-13	19 85	
3. SE.	X 4	RACE 5. I	DATE OF BIRTH	6. AGE (IN Y	ARS IF UN	DER 1 YR. IF UN		c DATE	M	ONTH DAY	YEAR	2d HOUR
3.4	In In		MONTH DAY	1898 87 Y		S DAYS HOUR	S MIN P	RONOUNC DEAD	ED	12-13	19 85	3:36
	Iale I	Black S	ept.19,	T COUNTRY?	8		7		RE CITY OR C	OUNTY OF D		р. м
M	lary land	3	USA			ED NEVER M	ARRIED		_			
	ITY OR TOWN OF		NAME OF HOSBIT	AL NURSING HOM	WIDOW	4747				County,		MD
10. C	III OK IOWIA OF	DEATH		TY, GIVE STREET ADDRESS)	E, OK OTHI	EK INSTITUTION		OST OF WORKIN			INDUSTR'	
	Leonardto		St. Mary	's Hospit	al							
3a. S	AL RESIDENCE (IF	1136 COUNTS		ESIDENCE BEFORE ADMISS	ION)	13d. INSIDE CITY LIMIT	TS? 13e. STREE	ET ADDRESS	2	2	06	2/0
M	iarvland	1000	T TOTAL LA	Hollywo	_	YES NO			Box	180	6.0	All Aller
	ATHER'S NAME		IDDLE	LAST		15. MOTHER'S M	AIDEN NAME	MIDI			AST	
TA	7illiam	M		evens		FIRST	la	MIDE	Lyl		N.ST	
16a. \	WAS DECEASED E	VER IN U.S. ARMED	FORCES?	166. SOCIAL SECURIT	Y NO.	17. INFORMANT	a u					
()	YES, NO, OR UNKNOWN	(IF YES, GIVE WAR		212 16 2	670	A mai-	zabeth	R	address Wales	Bo	9¢!	508
_	NO CAUSE OF E	DE ATILLES		213-16-2	6/0	A EIIZ	zabetn		wales	T 400	TTYW	INITERVAL
	PART I DEAT	DEATH (Enter only or TH WAS CAUSED BY	1:							BETW	EEN ONSET	AND DEATH
7	(0)1-	IMMEDIATE C		lunt Trau		Chest						
1	0/-	if ony, which	DUE TO, OR AS	A CONSEQUENCE	OF							
	gove rise	to immediate	(b)									
100	lying couse	oting the <u>under</u> -	DUE TO, OR AS	A CONSEQUENCE	OF							
	17.11.9 00000	1031.	(c)						116		362	
13	PART 2 OTHER SIGNI	FICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL OISEASE	OR CONDITION GIVEN	IN PART 1 Id					
NO												
ATI	19a. DATE OF O	PERATION	196 CONDITIO	N FOR WHICH OPE	RATION W	AS PERFORMED?				20 AI	UTOPSY?	
35			10								ES XX	№ П
CERTIFICATION	210 EXTERNAL	CAUSEWAS	21b. TIME OF IN	IJURY	21c HC	OW INJURY OCCU	JRRED LENTER NA	ATURE OF INJUR	Y IN ITEM 18 PART		- AA	NO L
N C	UNDERLYING	XXOR	HOURXAXAX A	MONTH DAY YEA	R							
MEDICAL	21d. INJURY OC			12-13 19 8		iver in	auto/bu	re Tub	act			
WE	WHILE	NOT WHILE VI	STREET, FACTOR	Y. FARM, ETC.)	5	TREET	DI	CITY OR TOWN		COUNTY	. see c 1 =	STATE
	AT WORK	AT WORK XIX	Road		Pe	abody &	Kt. 5,	Leona	ratown			
	22a I certify	thotal took charge of	the remains describ	ed above, held on	Autops	sy XX. Inspe	ection .	Inquiry [, ond in	my opinion	aryla	na
	deoth resulted	/		ccident X, Şı	etdo.	, Homicide		rmined moni				
	N	()	100	10)	T	LITLE (SPECIFY						
	ACTUAL	El 1111	W/X	lush!	MINIM	70	ant MEDIC	TAI PMAACH	IFD.	DATE 12	2-14-	85
-	SIGNATURE	- 4 111	V.	/	- UU M.	U. ASSISC	MEDIC	LAL EXAMIN	4FK	SIGNED	1	-
	EXAMINER'S NA	AME Denn	is F. Smy	THE M.D.		11	1 Penn	St.	Balto.	, Md.	2120	1
1						ADDRESS						
23a.B	SPECIFY)	ON, REMOVAL 236.		23t. NAME OF CE		K CREMATORY	23d. LOC	RTOWN		COUNTY	STA	TE
24.5	Burial	De	c.18,85	St Joh	ns	125: 2	HO L	Lywoo		Mary'		
			ADDRESS					A C 40	1	AR'S SIGNATU	30	d. 20
W.	.Clarke	Matting	тей ге	onardto	vn,Ma	aryland	NFC	1919	65 /	na www age	21 and for	Indian



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

2. 3	- 0		F.	
.5	0	2	0	0
REG I	10.			- 71

3	FOR STATE REGISTRAR DECEASED NAM	AE FIRST	ME	DEPARTMENT OF DICAL EXAMII				4. 1	ATH R	3 5 EG. NO.	0 6 6
	TYPE OR PRINT)				m-	J			28. DATE KNO	1-	
3. 5	SEX	David 14. RACE	5. DATE OF BIRTH	Lee	Te	dore	TIE UNDE	R 24 HRS.	DEATH MAT	MONTH	2/28/ ₁₉ 85
	Male	White	Oct.14	YEAR LAST BIRTH		DAYS 14	HOURS	MIN	PRONOUNCED DEAD	1:	2/28/19 85
7a.	BIRTHPLACE (76. CITIZEN OF W	HAT COUNTRY?	To	D NE	VER MAR	RIED 🔽	9 BALTIMORE		
25	Leonar	dtown	U.S.		WIDOWI	ED 🗆	DIVOR	CED 🗆		ry's Co	
0	Leonar	dtown	11 No	SPITAL, NURSING HOA ACILITY, GIVE STREET ADDRESS DYN'S CINCLE	e	R INSTITU	TION	12a. USU FOR	JAL OCCUPATIO MOST OF WORKING LI	N ITYPE OF WOR	OR INDUSTRY
	UAL RESIDENCE STATE Md.	(IF IN NURSING HOME OF ST. M	TY N	IVE RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN Leonard		13d. INSIDE (13e. STR	eet address O Norr	is Ci	20650 rcle
14.	FATHER'S NAM		MIDDLE	LAST		15. MOTH	ER'S MAII	DEN NAME	MIDDLE		LAST
10	Arnol		ee	Tedore, Ja			ysta	al	Dawn		Bayles
1 160	(YES, NO, OR UNKN	OWN) (IF YES, GIVE V	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUR	ITY NO.	17. INFOR		- 111		DRESS	
	No			None e far (a), (b), and (c).)		Cry	sta!	L B.	Tedore	, Same	as 13e.
Z				BUT NOT RELATED TO THE TE				PART 1 (g).			
/ 3	196. DATE O	FOPERATION	19b. COND	ITION FOR WHICH OPE	RATION WA	AS PERFOR	RMED?				20 AUTOPSY?
NOTA DESTRUCTION	216 EXTERN UNDERLYIN CONTRIBUT	ING CAUSE OF D	DEATH P.A	A. MONTH DAY YEA	AR		OCCURF	RED (ENTERI	NATURE OF INJURY IN	ITEM 18 PART 1 OR	
Men	21d. INJURY WHILE AT WORK	NOT WHILE C		OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOC	REET			CITY OR TOWN		COUNTY
2 230 VOICE		tify that I took charge Ited from: Nature	e of the remains de al causes X,	scribed abave, held an Accident , s	Autaps	Hamie TITLE (S	SPECIFY)	Undet	Inquiry		E 10/00/
2	EXAMINER'S			Korell, M	.D.	DDRESS_]	111 Pe	enn St.	310	
	Burial, CREMA Burial	BUILDING PEANOVALLY	IN CLAIR								

(VR A15 ME (5))



the funeral director, page 3

	-	
	death certificate	
	t the	
	20	
	requires t	
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	The	cion
)	L OR ATTENDING PHYSICIAN T	the haspital or attending physic
	HOSPITAL	ined by t

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physic should be detoched for use as the burial-fransit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar remaval

	STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IEND 5 3 5	061		
	DECEASED NAME FIRST	MIDDLE	AST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR		
	ROSE	CECELTA UNKLE			1085 10.57 PM		
J	a SEX	RACE S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	ONTHS DAYS HOURS MIN.		
	Female	White Feb	.15,1925	60 YRS			
1	7a BIRTHPLACE (STATE OR FOREIGN 7b	CITIZEN OF WHAT COUNTRY? 8.	D A NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH		
-	Great Mills, Md.	USA WIDOWE	_	St. Mary's Cou	mty MD.		
		. NAME OF HOSPITAL, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR		
1	Leonardtown	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) St. Mary's Hospi	tal	Home maker	INDUSTRY		
-	USUAL RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS					
)	Marvland St Ma	arv's Great Mills	13d. INSIDE CITY LIMITS?	P.O.Box 112	20634		
F	14 FATHER'S NAME		15. MOTHER'S MAIDEN NA		20034		
1	Thomas W. Be	ean	Elizabet	h Evans	LAST		
	160 WAS DECEASED EVER IN U.S. ARME		17 INFORMANT		Box 112		
	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) NO (IF YES, GIVE WAR OR DATES) 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESSP.O.Box 112 216-22-2996 Harry I.Unkle Great Mills, Maryland						
		one couse per line for (b), (b), and (c)	narry 1.011	VIE GLEGE WIT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED B	BY: P. I amen 1			BETWEEN ONSET AND DEATH		
	IMMEDIATE C						
	Condition is	DUE TO, OR AS A CONSEQUENCE OF			LThe		
	Conditions, if any, which gave rise to immediate	(b) (4-) F-60-					
	couse 101, stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF	en augus (14	4.6	244		
		10/					
		NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 110		
Ļ	U 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196, CONDITION FOR WHICH OPERATIO	NI WAS DEDECTATED	20g AUTOPSY? 20b IF YES,	WERE FINDINGS USED		
7	THE CONDITION TON WHICH OF ENAMOR		TA WASTERI ORMED	IN CERTIFY	ING CAUSES OF DEATH?		
_	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1214 HOW IN HIPY OCCUPE	YES NO YES			
}		HOUR A.M. MONTH DAY YEAR	(EATE 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 19	211. LOCATION				
	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE		
	AT WORK AT WORK) - Marchael Marchael Communication	10				
	22a. I certify that (1) (this haspital)	offended the deceased from	, 19	, to, 1	9, that (I) (we) last		

sow the deceased alive on______ and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

224 PHYSICIAN & NAME HAVE DRAWN John F. Fenwick, M.D.

Leonardtown, Md. 20650

BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF CEMETERY OR CREMATOR
(SPECIFY)		

Great Mills, St Mary
D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Burial Dec.13,1985 Holy Face 24 FUNERAL DIRECTOR

W. Clarke Mattingley Leonardtown, Maryland www.com-pandage

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT:

Present 10, 1985 10:57

st. Hary'n County

allowed as a summer and and

Cook II. Market book

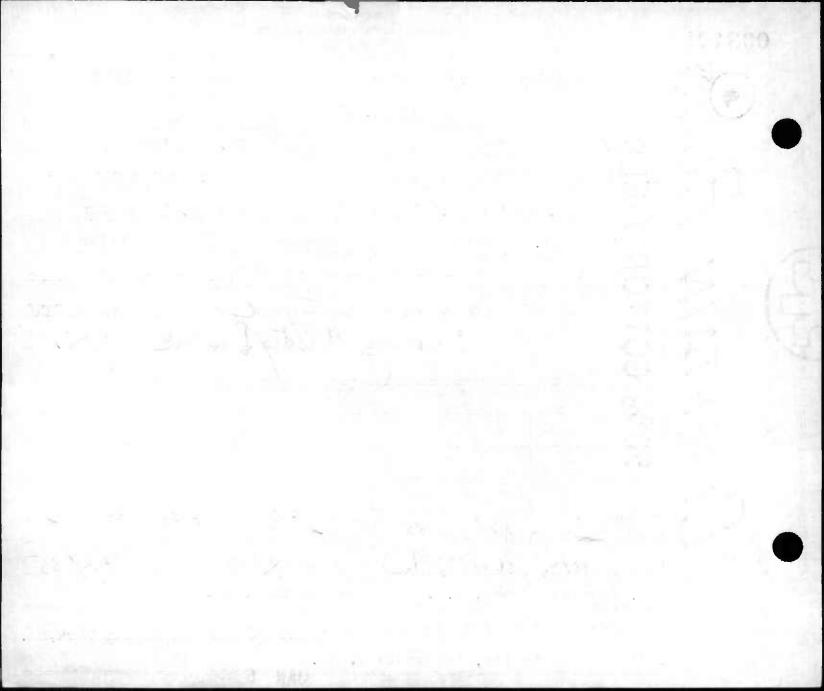
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

008121	1 -	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 3 3	50/0
1		CEASED NAME FIRST	WIDDLE	LASI	20. DATE OF DEATH MONTH	DAY YEAR 76 HOUR
1 61 15		Will	iam Henry Wo	olford	December 26	,1985
a P	3. SE.	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
de 4		Male	White	sept. 9, 1890 YEAR	95 YRS	DATE NOONS MINE
S to Sol		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
deoth un 7	N	ew York	USA	WIDOWED DIVORCED	St. Mary's	-
by the fu		t. Inigoes	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET at ho	NG HOME OR OTHER INSTITUTION ADDRESS) OME	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT ACCOUNTANT FO:	12b. KIND OF BUSINESS OR INDUSTRY Tiffany's
filled in hould be f	13a S M	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU!	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136 CITY OR TOW St. In:	igoes YES NO I	13e STREET ADDRESS / ZIP CODE Star Rt. 1 Bi	Ox 60Z
mpletely and 2 s	14 FA	THER'S NAME William	Wolford	15 MOTHER'S MAIDEN NA Margare	e t	Miller
nd co		VAS DECEASED EVER IN U.S. AF	(E MAR OR DATES)		ADDRESS	
s. Page		Yes WWL	061-03-	-6641 Joseph & He	elene Hautzenr	oder same
ires that the death of the death of the attending please remove corburial, cremation, or y, or ather traumati		Conditions, if ony, which gave rise to immediate cause to stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOUI DUE TO, OR AS A CONSEOUI CO	nay Trian	MINAL DISEASE OR CONDITION GIV	y M.
en sig	S S	3.0				
he low on. hos ber t permit t permit ows ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED TYING CAUSES OF DEATH? S \(\text{NO} \)
ICIAN: T	-	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
attendin attendin ter this c ss the bur h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN hospital or INECTOR: After the for use cept. of Healt them 21 is ma			ital) attended the deceased from 19	DEGREE	death occurred on the late and have	19 , that (1) (we) lost r and fram the causes stated
SPITAL C d by the INERAL D I be detoc ne Stote D RTANT: If		274 PHYSICIAN S NAME (11H)		ATTENDING PHYSICIAN 270 ADDRESS		12/2/185
etoined TO FUN should b	110	J. Patrick	Jarboe, M.D.	Leonardto	wn, Md. 20650	
To see		BURIAL, CREMATION, REMOVAL	Later ton	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		Burial	12/30/85 II	mmaculate Heart	df Mary Lexino	gton Park Md
	24 Ft	JNERAL DIRECTOR		25a DA1	TE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE

Mattingley, Leonardtown, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)



CTATE OF MADVIAND DE

	A A A A . T		4		
CERTIFICATE OF DEATH	REG. NO.				
EPARTMENT OF HEALTH AND MENTAL HYGIENE (5)	0	5	5	0	1
STATE OF MARTLAND	- 20	O Lat	ATTEN.		

1	FOR STATE REGISTRAR		DEPARTM		ALTH AND MENTAL HYG CATE OF DEATH		, NO.	20	
1.0	LASED NAME FIRST		WIDDLE	LA	ST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	BEATR	ICE MA	RIE WOO	DBUR	N	Decembe	r 29,	1985	12:25A
1.5	Ex	4 RACE		5. DATE OF	F BIRTH DAY YEAR	6. AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DA	
6	Female	Whit	e	Oct.		83	YR:	s	
7 a. E	COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	□ NEVER MARRIED □	9 BALTIMORE CIT	_		
	Md.	USA		WIDOWED	DIVORCED [St. Ma			
0 (ITY OR TOWN OF DEATH		HOSPITAL, NURSING CH FACILITY, GIVE STREET AI		R OTHER INSTITUTION	120 USUAL OCCUP		G LIFE) INDUST	OF BUSINESS O
	eonardtown	St. Ma.	ry's Hosp	ital				100	1010
150	4.6	e or other institution DUNTY Mary 's	13c. CITY OR TOWN	1 1	13d. INSIDE CITY LIMITS?	13e.STREET ADDRES			197 Rd.
F	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME			
	Edward F	Bernard	Norri	S	Elizabe	th El	len		rris
	(IVES, NO QRUNKNOWN) (IF YES GIVE WAR OR DATES) (YES, NO QRUNKNOWN) (IF YES GIVE WAR OR DATES)						as 13e	•	
	PART I. DEATH WAS CAI	IATE CAUSE (a)	Massive	Cer	cbro vascu	lar Acc	iden	t =	OXIMATE INTERVAL EN ONSET AND DEATH
EKTIFICATION	190 DATE OF OPERATION	DUE TO, O (c) IT CONDITIONS CO	ITION FOR WHICH C	NCE OF		200 AUTOPSY?	20b. IF	YES, WERE FIN RTIFYING CAUS YES	DINGS USED SES OF DEATH? NO
-	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN 190, DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, O (c) AT CONDITIONS CO 19b. COND 21b. TIME C DEATH	ONTRIBUTING TO DE ONTRIBUTING TO DE OTTION FOR WHICH C OF INJURY M. MONTH DAY	NCE OF EATH BUT N DPERATION Y YEAR		200 AUTOPSY?	20b. IF	YES, WERE FIN RTIFYING CAUS YES	DINGS USED SES OF DEATH? NO
-	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICATE 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	DUE TO, O (c) 19b. COND 19b. COND 21b. TIME C HOUR A P. 21e. PLACE	ONTRIBUTING TO DE	PEATH BUT NO PERATION Y YEAR 19	I WAS PERFORMED	200 AUTOPSY? YES NO RED (ENTER NATURE OF F	20b. IF	YES, WERE FIN RTIFYING CAUS YES	DINGS USED SES OF DEATH? NO
	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN 190, DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAM 21d. INJURY OCCURRED WHILE ALWORK AT WORK 220. I certify that (I) (this he saw the deceased alive above, (I) well fall did 22b. SIGNATURE	DUE TO, O (c) 19b. COND 19b. COND 19b. TIME C HOUR A. P. 21b. PLACE [AT HOME STI	ONTRIBUTING TO DE	NCE OF EATH BUT N OPERATION YEAR 19 RM.EIC)	216. HOW INJURY OCCURR 211. LOCATION STREET 218. 19. 8. 19. 8. 19. 8. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	200 AUTOPSY? YES NO RED (ENTER NATURE OF I	20b. IF IN CER	YES, WERE FIN RTIFYING CAUS YES	DINGS USED DES OF DEATH? NO STATE
MEDICAL	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN 190, DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (HE EITHER NOTHY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE NOTWHILE AT WORK 220, I certify that (I) (this he saw the deceased alive above, (I) well aligned at the cause of the cause o	DUE TO, O (c) DUE TO, O (c) IT CONDITIONS CO IPb. COND IPb. TIME CO HOUR A. PLACE [AI HOME SII On Inat) view the bady PE OR PRINT]	ONTRIBUTING TO DI	NCE OF EATH BUT N PERATION YEAR 19 RM.EIC) D	211 LOCATION 211 LOCATION 211 LOCATION 218 19 8 2 Hat in my our) apinion of EGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO SED (ENTER NATURE OF I	206. IF IN CER NJURY IN ITEM RTOWN TAFF SICIAN 206	YES, WERE FIN RTIFYING CAUS YES 18 PART LORPART: COUNTY 22c. DA 22c. DA	DINGS USED SES OF DEATH? NO STATE . that (I) he causes stated TE SIGNED
	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (HEITHER NOTHY MEDICAL EXAMPLE) AT WORK 21d INJURY OCCURRED 22d I certify that (1) (this has saw the deceased give above, (1) was Indianal Control of the Control o	DUE TO, O (c) DUE TO, O (c) IT CONDITIONS CO IPb. COND IPb. TIME CO HOUR A. PLACE [AI HOME SII On Inat) view the bady PE OR PRINT]	ONTRIBUTING TO DE ITION FOR WHICH CO OF INJURY M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FAI The deceased from 19 Total death.	NCE OF EATH BUT N OPERATION YEAR 19 RM.EIC) D AME OF CE	21c. HOW INJURY OCCURR 21l. LOCATION STREET 2 B 19 B 1	200 AUTOPSY? YES NO NEED (ENTER NATURE OF I	20b. IF IN CER	YES, WERE FIN RTIFYING CAUS YES IS PART I OR PART: COUNTY 22c. DA 22c. DA COUNTY	DINGS USED SES OF DEATH? NO STATE that (I) he causes stated

W. Clarke Mattingley, Leonardtown, Md.

DHMH - 16 60M 7/84

TO FUNERAL DIRECTO

MPORTANT # #

(VRA 15, 4)

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Libertrate a result to a med versions

7800 bradiens correcte some